Enrollment System (ES) 4.3

User Guide



Department of Veterans Affairs

Office of Information and Technology (OI&T)

Product Development

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Revision History

| Date | Revision | Description | Author |
| --- | --- | --- | --- |
| * 04/06/2016 * 03/03/2016 | 15.0 | * Added more information and added screen captures per HPS * Initial publication for ES 4.3 ACA | * P&A Competency TW * P&A Competency TW |
| 03/01/2016 | 14.2 | Added ACA-specific content | P&A Competency TW |
| 02/23/2015 | 14.1 | Updated for ES 4.3 ACA | P&A Competency TW |
| 10/23/2015 | 14.0 | Addressed anomalies found for the document in the Final Review status. On p. 11, timeframe and 30-day eligibility requirement addressed. | Marella Colyvas |
| 10/06/2015 | 13.0 | Addressed anomalies found for the document in the Submitted for Review status. | Marella Colyvas |
| 9/21/2015 | 12.3 | Section 1.3 removed System Security Plan; removed section 1.3.1, Information, per VA anomaly. | Ellen Phelps |
| 9/8/2015 | 12.2 | Addressed VA anomalies, p. 11. Updated document names p. 14. Updated date and name in title page and footers. | Ellen Phelps |
| 8/28/2015 | 12.1 | Updated ES 4.1.0 User Guide to include Camp Lejeune-Veterans information in ES 4.2 release. See pp. 11-12, 14, 18-19, 170-171, 201, 220-221, 241-242, 303-304, 410 (Index). | Ellen Phelps |
| 2/11/2015 | 12.0 | Added Josh Faulkner updates for IAM single sign-on integration and changes to logon and user account management for ES 4.1.1 sustainment release.  Clarified definition for *Preferred Facility* under the *Tabs: Personal* section per customer request. | Tom Hamilton |
| 3/3/2015 | 11.10 | Identified dormant VHIC functionality for ES 4.1.0. | Tom Hamilton |
| 2/11/2015 | 11.9 | Identified dormant functionality for ES 4.1.0 due to patch release delays. | Tom Hamilton |
| 1/20/2015 | 11.8 | Updated error in Financials ES 4.0 change in Overview section. | Tom Hamilton |
| 1/7/2015 | 11.7 | Accepted all changes in document.  Updated document release date to February 2015. | Tom Hamilton |
| 12/17/2014 | 11.6 | Added reviewer’s comments | Tom Hamilton |
| 12/1/2014 | 11.5 | Added new *BT Financial Indicator* verbiage to the *Introduction* section for ES 4.1/4.2. Also change from a dollar amount the amount *Contributed to Spouse Support* indicator to (Yes/No) in the *Add/Edit Dependent Spouse* section. Also changed the corresponding fields on the *Financial Details* screen from a dollar amounts to a Yes/No indicator. | Tom Hamilton |
| 11/21/2014 | 11.4 | Changed *Contributed to Spousal Support* fields in *Financials/Dependents* and *Financial Details* sections from dollar amount to Y/N in support of 1010EZ form. | Tom Hamilton |
| 11/12/2014 | 11.3 | Updated LCs from SQA testing | Tom Hamilton |
| 10/30/2014 | 11.2 | Added review updates for LC-2/LC-3 ES 4.2 changes. | Tom Hamilton |
| 10/28/2014 | 11.1 | Merged ES 4.2 changes into ES 4.1 release scheduled for January 2015. | Tom Hamilton |
|  |  |  |  |
| *9/11/2014 - 9/22/2014* | *11.0* | *Converted existing manual to latest ProPath template.* | *Tom Hamilton* |
| 8/19/2014 | 10.3 | Updated from SQA review. Changed cover date for October release. Added 508 Compliancy updates to *Introduction* section. | Tom Hamilton |
| 8/6/2014 | 10.2 | Added new CD Clinical Determinations historical and CD retired historical information under *Current Eligibility* section. | Tom Hamilton |
| 7/31/20141 | 10.1 | Added ES CD updates to the *Reports* section. Updated the *Other Eligibility Factors* section of the *Current Eligibility* section. Updated *Glossary*. | Tom Hamilton |
| 7/30/2014 | 10.0 | Accepted all changes in ESR 4.0.0 in preparation for ES 4.1.0 updates. Updated title page and footers. | Tom Hamilton |
| 7/7/2014 | 9.6 | Removed “Maintain Veteran Email Address…” bullet as an update for ES 4.0.0 in *Intro* section. | Tom Hamilton |
| 7/2/2014 | 9.5 | Added capability in *Intro* section that ES now allows backdating a means test during the first 90 days. | Tom Hamilton |
| 6/30/2014 | 9.4 | Added that the *Presumptive* HBP is automatically assigned to a Veteran record if the person meets certain criteria (rules) for the HBP to the *Eligibility/Current Eligibility* section.  Removed QM 26 & 27 reports from the *Reports* section.  Updated *System Parameters* section. | Tom Hamilton |
| 6/3-5/2014 | 9.3 | More 4.0.0 updates to *Introduction* section. Minor formatting. | Tom Hamilton |
| 5/30/2014 | 9.2 | Added 4.0.0. updates to *Introduction* section. | Tom Hamilton |
| 5/19/2014 | 9.1 | Added new ES 4.0.0 *Handbook Batch File Statistics* sections under the *Admin*. section. | Tom Hamilton |
| 5/16/2014 | 9.0 | Accepted all changes in ESR 3.12 in preparation for ES 4.0.0 updates. Find and Replace ESR with ES. Updated title page and footers. Find and Replace instances of HECMS with ES. | Tom Hamilton |
| 6/10/2013 | 8.5 | Changed cover and footer release dates to reflect August release. | Tom Hamilton |
| 5/3/2013 | 8.4 | ESR 3.12 updates: Added *HBP Data sharing indicator*System Parameter to *Admin/System Parameter* section. | Tom Hamilton |
| 4/29/2013  5/1/2013 | 8.3 | ESR 3.12 updates: Updates from SQA review. | Tom Hamilton |
| 4/22/2013  4/19/2013 | 8.2 | ESR 3.12 updates: Added Health Benefits Plans link to *Current Eligibility* section. Updated *Person Search* section to conform to new MVI probabilistic search criteria. | Tom Hamilton |
| 4/17/2013-  4/18/2012 | 8.2 | ESR 3.12 updates: Updated *Person Search* section for ESR 3.12, screen shots for 3.12. Updated *Financial Overview* section. Added *VOA Resubmission* to *Buttons* section. | Tom Hamilton |
| 4/16/2013 | 8.1 | ESR 3.12 updates: Added ESR 3.12 updates to *Introduction* section. | Tom Hamilton |
| 4/15/2012 | 8.0 | Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.11 to 3.12 and dates to reflect scheduled September 2013 release. | Tom Hamilton |
| 4/1/2013 | 7.3 | Added E&E Web Service script to *How Do I …*section. Added additional Glossary definitions for 3.11. Updated Index for E&E WS. Updated cover to ProPath template. | Tom Hamilton |
| 2/14/2013 | 7.2 | Added Handbook script to *How Do I …*section. Updated cover and footer release date to June 2013. Changed *Introduction* section for ESR 3.10 that Means Tests no longer expire for HECMS (removed VistA from statement). | Tom Hamilton |
| 1/28/2013 | 7.1 | Added ESR 3.11 updates to *Introduction* section. Removed *IVM DM Exporter Maximum Records* System Parameter. | Tom Hamilton |
| 11/26/2012 | 7.0 | Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.10 to 3.11 and dates to reflect scheduled May 2013 release. Deleted “email” from 3 graph in *Handbook Status* section. | Tom Hamilton |
| 10/18/2012 | 6.2 | Minor updates to the *View All Archived HL7 Messages* subsection under the *Facility* section. Added verbiage in *Reports* section for OPP 1 and 2 extracts about accommodation for the new ICD-10 code set. | Tom Hamilton |
| 10/15/2012 | 6.1 | SQA updates. | Tom Hamilton |
| 10/2/2012 | 6.0 | Updated *Introduction* section for 3.10 enhancements. Added additional 3.10 enhancements. | Tom Hamilton |
| 10/2/2012 | 6.0 | Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.9 to 3.10 and dates to reflect scheduled February 2013 release. | Tom Hamilton |
| 11/26/2012 | 5.6 | Changed cover 3.9 release date to *December* based on revised release schedule. Deleted “email” from 3rd graph in *Handbook Status* section. | Tom Hamilton |
| 11/16/2012 | 5.5 | Corrected *Email Address* definition under *Delivery Preference* section. | Tom Hamilton |
| 10/5/2012 | 5.4 | Updated filenames in *Reference Documentation* section. | Tom Hamilton |
| 9/19/2012 | 5.3 | Updated *Edit Financial Details* section by adding "pre-Feb. 2005 format" qualifier to the missing "Stocks and Bonds" field under the Assets section. | Tom Hamilton |
| 8/28/2012 | 5.2 | Changed cover 3.9 release date to *November* based on revised release schedule. | Tom Hamilton |
| 8/24/2012 | 5.2 | Minor updates (OPP) from SQA review (v3.9 capabilities *Introduction* section). | Tom Hamilton |
| 8/10/2012 | 5.2 | Minor change to *Handbook Status* section. | Tom Hamilton |
| 7/31/2012 | 5.2 | Added “Feb 2011” label to descriptions of the 1010 EZ and 1010EZR forms for ESR 3.9. | Tom Hamilton |
| 7/27/2012 | 5.2 | Incorporated SQA review changes. | Tom Hamilton |
| 7/25/2012 | 5.1 | Added ESR 3.9 Enhancements. | Tom Hamilton |
| 7/24/2012 | 5.0 | Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.8 to 3.9 and dates to reflect scheduled January 2013 release. | Tom Hamilton |
| 5/18/2012  5/22/2012 | 4.0 | Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.7 to 3.8 and dates to reflect scheduled September 2012 release.  Added *Delivery Preferences* under *Communications* tab section.  Changed order of *First Name* and *Middle Name* fields on the *Registration/Person Search* section.  Added multiple selections for *Race* field in *Demographics/Identity Traits* (AAP) section.  Added dropdown selection for *Place of Birth State* field in *Demographics/Identity Traits* (AAP) section.  Modified *First* and *Last Name* field length *Rules …*in the *Demographics/Add Associates* sections. | Tom Hamilton |
| 5/8/2012  5/16/12 | 3.5 | Added 11 additional scripts to the How Do I … section. Minor updates to existing scripts. Updated Figure 6. Updated Index for additional How Do I … scripts.  Updated *Master Patient Index* to *Master Veteran Index*. | Tom Hamilton |
| 04/06/12 | 3.4 | Removed “This data is shared with VistA” statement from AAP *Mother’s Maiden Name* definition in Demographics/Identity Traits section. | Tom Hamilton |
| 03/13/12 | 3.3 | Removed “Draft” from and changed date on cover. Also updated dates in footers to reflect June 2012 release date and removed “Draft”. | Tom Hamilton |
| 01/23/12  02/07/12 | 3.2 | Added "Add a Person" in parenthesis after the "Tabs/Overview" identifier on the Veteran Overview page when in the Add a Person mode to identify to user that they are in AAP mode.  Added ESR 3.7 enhancements. | Tom Hamilton |
| 01/17/12 | 3.1 | Minor update to Preferred Facility field definition under Demographics/Personal/Personal section.  Added CDW to Glossary. Removed “(Future Release)” from *Content Management System (CMS)* Glossarydefinition. | Tom Hamilton |
| 01/09/12-01/11/12 | 3.0 | Updated document version on cover to reflect major software version change and initial Draft. Updated references from ESR 3.6 to 3.7 and dates to reflect scheduled April 2012 release.  Added ESR 3.7 Enhancements to existing added functionality listing in the Introduction section. Added ESR 3.7 updates/changes to various sections. Added SQA review updates. | Tom Hamilton |
| 12/5/11 | 2.5 | Minor updates based on ORT Review. Removed Draft indicators. | Tom Hamilton |
| 11/28/11 | 2.4 | Updated cover and footer date to January 2012. General updates reconciling changes in the online help with this manual. | Tom Hamilton |
| 9/27/11 | 2.3 | General late updates brought forward from ESR 3.5. | Tom Hamilton |
| 8/22/11 – 9/8/11 | 2.2 | General ESR 3.6 Patient Benefits Handbook updates in various sections. | Tom Hamilton |
| 8/18/11 | 2.1 | Added ESR 3.6 Enhancements to the existing added functionality listing in the Introduction section. | Tom Hamilton |
| 8/17/11 | 2.0 | Copied baselined ESR 3.5 User Manual with all Track Changes accepted in preparation for ESR 3.6 Enhancements.  Changed relevant ESR 3.5 to 3.6 and cover date to December 2011 (including footers). Added Draft indicators. | Tom Hamilton |
| 8/10/11 | 1.1 | Deleted false Note about “…default search displays in order of the highest scoring matches first…”, in *ESR Registration/Search and Add New Person* section. Changed *Handbook Active System Parameter* from "Future Release" to active by changing grey font to black. | Tom Hamilton |
| 8/1/11 | 1.1 | Changed “Alias SSN” to “Alias SSNs” under Demographics/Personal sections. | Tom Hamilton |
| 7/18/11 | 1.0 | Initiated document version to replace application version on cover. Removed Draft indicators for ORT Review copy. | Tom Hamilton |
| 7/15/11 |  | Removed “Star” (req. field) symbol from *Organization/Name* field in *Add Associate (Add a Person)* section. Added “Star” (req. field) symbol to *Place of Birth City* and *Place of Birth State* fields in *Identity Traits (Add a Person)* section. Added “Star” (req. field) symbol to *Enrollment Application Date* field in *Cancel/Decline/Override Enrollment (Add a Person)* section. | Tom Hamilton |
| 7/13/11 |  | Updated ESR 3.5 *Introduction* section for Handbook. Updated *Overview* and *Communications* Handbook sections per increased scope for ESR 3.5. | Tom Hamilton |
| 7/11/11 |  | On cover, changed OED to Product Development. | Tom Hamilton |
| 7/1/11 |  | Updated “Match” category definitions for the Person Search Results in the *Search and Add New Person* section. | Tom Hamilton |
| 6/14/11 – 6/15/11 |  | Updated both *Edit Current Eligibility* sections to match field label changes in application. Reworded *Search and Add New Person* section. | Tom Hamilton |
| 6/9/11 |  | Updated *Search and Add New Person* section for latest changes. Added to Glossary for AAP. | Tom Hamilton |
| 6/1/11 |  | Updated EED 19 Report to match changes in UI. | Tom Hamilton |
| 5/26/11 |  | Updated *Search and Add New Person* section for latest changes. | Tom Hamilton |
| 5/20/11 |  | Updated *ESR Registration* (Add a Person) section. | Tom Hamilton |
| 5/18/11 – 5/19/11 |  | Added to Index for 3.5 enhancements. | Tom Hamilton |
| 5/16/11 |  | Added Handbook description to Introduction section. | Tom Hamilton |
| 5/9 /11 – 5/10/11 |  | General edits/formatting to Add-a-Person, Preferred Facility, Patient Benefits Handbook, and MSDS/PL111-163 sections. | Tom Hamilton |
| 5/3/11 – 5/5/11 |  | Added Add-a-Person, Preferred Facility, Patient Benefits Handbook, and MSDS/PL111-163 enhancements. | Tom Hamilton |
| 4/21/11 |  | Updated various screen captures for 3.5. Updated “Introduction” for new enhancements. Updated Current Military Service for MSDS. | Tom Hamilton |
| 4/21/11 |  | Copied baselined ESR 3.4 User Manual with all Track Changes accepted in preparation for ESR 3.5 Enhancements.  Changed ESR 3.4 to 3.5 and cover date to August 2011 (including footers). Added Draft indicators. | Tom Hamilton |
| 4/6/11 |  | Updated **Medal Of Honor** field name to match UI in *Current Military Service* section. Added to *More…* section of same field. | Tom Hamilton |
| 3/29/11 |  | General typo updates. | Tom Hamilton |
| 3/16/11 |  | Added missing required field “star” symbol to match the UI to the ***Ineligible Reason*** field in the *Edit Current Eligibility* section. | Tom Hamilton |
| 3/10/11 |  | Added missing required field “star” symbols to the *Add POW Episode* section on the *Edit Current Eligibility* screen. Changed field name under **Assets** on the *Edit Financial Details* screen to match UI. Removed ***Number Rejected due to Data Inconsistencies*** field in the *Load Registry* section to match UI. | Tom Hamilton |
| 2/2/11 |  | Added "Introduction" to page 1 to match the online webhelp. Replaced many instances of "HECMS" with "ESR" as was done in the ESR 3.4 Release Notes document. | Tom Hamilton |
| 1/25/11- 1/28/11 |  | Copied baselined ESR 3.3 User Manual with all Track Changes accepted in preparation for ESR 3.4 Enhancements.  Changed ESR 3.3 to 3.4 and cover date to May 2011 (including footers).  Changed ESR 3.4 MSDS Phase II enhancements tagged as “Future” and grayed out text to black text removing “Future” indicators.  Added description of new 3.4 functionality to “Introduction” section on p. 2.  Added *VADIR* definition to Glossary.  Replaced Figure 6 with 3.4 version of graphic. | Tom Hamilton |
| 1/19/11 |  | Added *Duplicate Merge Tool Enhancement* to main areas in which some enhancements were made list on p. 2. | Tom Hamilton |
| 1/5/11 |  | Updated cover and footer dates to February 2011. | Tom Hamilton |
| 12/14/10 |  | Removed VOA reference in Introduction (p. 1) as having been release. Updated cover and footer dates to January 2010. | Tom Hamilton |
| 11/19/10 |  | Added 2 MSDS System Parameters to Admin/System Parameter page. | Tom Hamilton |
| 10/20/10 & 10/25/10 |  | General approved updates from PS review of ESR 3.2 User Manual being brought forward into ESR 3.3 User Manual. | Tom Hamilton |
| 9/30/10 |  | Relaxation Percentage – Added verbiage to block additional attempts to Add Income Year per CCR10432.  Updated Figure 2 screen shot. Added March 2009 to cover and release date to December 2010. | Tom Hamilton |
| 9/22/10 |  | Added Handbook Active (Future Release) System Parameter to Admin/System Parameter page. Added to enhancements list on page 2. | Tom Hamilton |
| 9/21/10 |  | Added Class II Dental fields to Current Military Service section as part of the VBA Pension Data Sharing enhancement. | Tom Hamilton |
| 9/15/10 |  | Added Patient Benefits Handbook Status (Future Release) pages under Communications section. Changed Release date from October to November 2010. | Tom Hamilton |
| 9/9/10 |  | General style checking for capitalization of the word “Veteran” per OED Doc Standards. Added new 3.3 enhancement information starting on page 1. | Tom Hamilton |
| 9/7/10 |  | Removed Relaxation Percentage from the Admin/System Parameter page.  Added ESR 3.3 PG Relaxation Percentage enhancement to Buttons/Reference section. | Tom Hamilton |
| 8/31/10 |  | Added “(Future Release)” to new MSDS fields and links that will be released in FY11Q1 (ESR 3.4). Added Relaxation % definition to glossary. | Tom Hamilton |
| 8/30/10 |  | Added MSDS Enhancements to Eligibility/Current Eligibility and Military Service/Current Military Service sections. | Tom Hamilton |
| 8/26/10 |  | Copied baselined ESR 3.2 User Manual with all Track Changes accepted in preparation for ESR 3.3 Enhancements. Added E&E Service Enhancements to Admin section. Added new VBA Pension Data Sharing fields to the Eligibility/Edit Current Eligibility section. Updated Figure 6. | Tom Hamilton |
| 8/19/10 |  | Accepted Track Changes in preparation for ORT Review | Tom Hamilton |
| 8/18/10 |  | Made sure button references were consistent as bold italics. | Tom Hamilton |
| 8/17/10 |  | Updated cover and footer dates from July to October 2010 due to delayed release date. | Tom Hamilton |
| 7/19/10 |  | In *Financial Details* section, changed “two statues” to “three statuses” under “*Do you want to send this for Adjudication?*” question per SQA review. | Tom Hamilton |
| 6/28/10 |  | Modified *Adjudication* section as follows (CCR10224): Eliminated previously added **Means Test Status** field choice where the *GMT Threshold* *is less than or equal to the* *MT Threshold,* of *GMT Copay Required*. Updated cover and footer dates for next release. | Tom Hamilton |
| 5/12/10-5/13/10 |  | Per OED Doc Standards: Added captions to figures. Added *Table of Figures*. Changed this *Revision History* to reverse chronological order. Added *Reference Documentation* to page 1 section. | Tom Hamilton |
| 5/5/10-5/7/10 |  | Based lined doc for ESR 3.2 (title/footers, etc.). Added changes for the General Counsel’s Ruling on veterans with very low income and net worth that is greater than the Net Worth Threshold to the Tabs/Financials/Financial Details section per CCR10224. | Tom Hamilton |
| 4/26/10 |  | Did additional header and footer updates. Made copy and Accepted All Changes for upload to VDL. | Tom Hamilton |
| 4/23/10 |  | General Clean-up for the VDL. Removed Draft indicators. Added date and updated footers and headers. | Tom Hamilton |
| 4/6/10 |  | Added new *Relaxation Percentage* on the *Admin/System Parameter* page. | Tom Hamilton |
| 3/24/10 – 3/25/10 |  | General updates based on SQA and peer reviews. Pages updated: *Person Search*.  Added Veteran *Merge Search* page per CCR 10127. | Tom Hamilton |
| 2/12/10 |  | Added additional *Rules* for *Combat Start Date* and *Combat End Date* fields in *the Demographics/Military Service/Current Military Service* section per ESR\_CR7039.  Updates based on SQA Review: Updated cover date to March 2010, Added special note about AO Special Treatment Authority Expiration in *How Do I …* section. Added special note about SW Asia Conditions Special Treatment Authority Expiration in *How Do I …* section. Added that the *Spinal Cord Injury* indicator under the *Catastrophic Disability* section of the *Eligibility/Current Eligibility* section could also come from VOA. | Tom Hamilton |
| 1/11/10 |  | Updated 4 Identity Traits fields to Display Only in the Demographics/Identity Traits section:  *Place of Birth City, State, Multiple Birth Indicator, and Mother’s Maiden Name*. | Tom Hamilton |
| 11/19/09 |  | Identified *Benefit Applied For* as being VOA only in the Demographics/Personal section. | Tom Hamilton |
| 9/29/09 |  | Added 2 Rules for new req. CR 2530 to *Date of Birth* field under *Identity Traits* section. | Tom Hamilton |
| 9/10/09 & 9/23/09 |  | Added disclaimer paragraph to p. 1 explaining later VOA release. Identified VOA fields that will not be populated and functionality that will be disabled until VOA is released, after ESR v3.1. Removed *Agent Orange Exposure Location* of “Not Exposed” added in error 3/5/08 per SQA. | Tom Hamilton |
| 8/17/09 – 8/27/09 |  | General VOA updates including typos, etc. Also updated Online Help Tutorial to reflect the change to using the 508-compliant WebHelp. Updated Glossary and Index.  Updated 2 instances of CDC to AITC on Tabs/Eligibility/*Current Eligibility* page.  Updated *POW Source* field choices for *Add/Edit POW Episode* section per SDS table. | Tom Hamilton |
| 8/11/09  8/13/09 |  | Reversed cover graphic change of 7/8/09 per Brian Morgan.  Updated VOA Attachment section under Eligibility/Edit Current Eligibility section.  Updated 2 EGT system parameters and added the P8 parameter on the *Admin/System Parameter* page. | Tom Hamilton |
| 8/6/09 |  | General minor updates to conform with GUI | Tom Hamilton |
| 7/8/09 – 7/9/09 |  | Updated cover with new Health*e*Vet logo.  Added 1010EZ & EZR Print button capability in Financial/Financial Overview section. | Tom Hamilton |
| 6/18/09 – 6/25/09 |  | Updated for 3.0.1. Added new 3.1/VOA fields | Tom Hamilton |
| 8/7/08 |  | Added new VOA Roles in the Demographics/ Associates/Add Associates section. | Tom Hamilton |
| 8/6/08 |  | Added new VOA Attachment fields in Eligibility/Edit Purple Heart and Eligibility/Edit Current Eligibility sections.  Added new VOA Spinal Cord Injury Indicator under Eligibility/Current Eligibility/Other Eligibility Factors section. | Tom Hamilton |
| 7/24/08 |  | Added new VOA fields in Financials/Dependents/ Add/Edit Dependent Spouse section. | Tom Hamilton |
| 7/18/08 |  | Added new VOA fields in Demographics/Identity Traits and Personal sections. | Tom Hamilton |
| 7/17/08 |  | Updated main title page introducing VOA as part of the ESR 3.1 enhancements. | Tom Hamilton |
| 7/8/08 |  | Added general changes to reflect the addition of the Veteran’s Online Application (VOA) initiative. | Tom Hamilton |
| 4/23/08 |  | Updated *Eligibility/Edit Current Eligibility* section POW information to match changes made in HECMS application. Refined *Camp XXXX* definitions.  Changed *Disability Retirement From Military* field name to *Military Disability Retirement* per change in the HECMS application. | Tom Hamilton |
| 4/21/08 |  | Changed "Visits" to "Days" in *Tabs/Facility* section field description as in "Number of Outpatient Days" to match application. | Tom Hamilton |
| 4/9/08 |  | Title Page – changed *HSD&D* to *Management, Enrollment and Financial Systems (MEFS)*. | Tom Hamilton |
| 4/3/08 |  | Updated VHA standards list of values for States and Counties website links in the *Demographics/Addresses/Permanent Mailing Address* and *Demographics/Insurance/Add/ Update Insurance Carrier - Medicare* sections. | Tom Hamilton |
| 4/2/08 |  | Removed “minus 1 day” from NDAA glossary definition and from *CV Eligibility End Date* in the *Tabs/Military Service/Current Military Service* section.  Updated *Financials/Financial Overview* section adding statement that "Financial Assessment" changes to "Current Financial Assessment" to indicate that this is the most recent financial information currently on file. | Tom Hamilton |
| 3/19/08 |  | Updated the *Index* instructions in the *Using the Help Window* field of the *Online Help Tutorial* section. | Tom Hamilton |
| 3/5/08 |  | Updated *Agent Orange Location* to *Agent Orange Exposure Location* in *Edit Current Eligibility* and *Current Military Service* sections to match application. Also added “Not Exposed” to dropdowns. | Tom Hamilton |
| 2/29/08 |  | Added LOCK REASON: explanation in the Tabs/Overview/Overview section. Also added Sensitive Record screen shot. | Tom Hamilton |
| 2/19/08 |  | DG 5\*3\*777 patch to change OEF/OIF to OIF/OEF cancelled. Rejected all changes of OIF/OEF to revert back to OEF/OIF. | Tom Hamilton |
| 2/11/08 – 2/15/08 |  | Updated the *Tabs/Military Service/Current Military Service* section to reflect the *CV Eligibility End Date* changes as part of the NDAA of 2008 signed 1/28/2008. Also added *Combat Veteran* and *NDAA of 2008* definitions to the Glossary. | Tom Hamilton |
| 2/15/08 |  | Updated references to CFD (Corporate Franchise Data Center) to new name of CDC (Corporate Data Center, a.k.a. AAC). Also updated Glossary to reflect changes. | Tom Hamilton |
| 1/8/08 – 1/9/08 |  | Convert all instances of *OEF/OIF* to *OIF/OEF* per CR7011 (DG 5\*3\*777). | Tom Hamilton |
| 11/20/07 |  | Added required field “star” to *User ID* field and Required Field legend in the *Admin/User Accounts/Search* section. | Tom Hamilton |
| 11/19/07 |  | Added *Retransmission ID* and *Retransmission Count* fields under *Transmission Details* in the *Button Bar/HL7 Messages* section. Changed Sensitive to Sensitive Record per the GUI in the *Tabs/Overview/Overview* section. | Tom Hamilton |
| 11/14/07 |  | Updated *Health Eligibility Case Management System Help* section with additional 3.1 information. | Tom Hamilton |
| 11/05/07 |  | Updated change in order of columns in *Button Bar/Reports/Completed Reports* section (moved *Status* column). Added *View* Action to Archived Completed Reports. Changed *Title* field to *Report Title* per GUI. | Tom Hamilton |
| 10/15/07 – 10/23/07 |  | Updated **Index** to reflect additional ESR 3.1 functionality. | Tom Hamilton |
| 10/3/07 |  | Added CR5774 (a.k.a. CodeCR5953) to update the *Bad Address Reason* selections. **Address Not Found** was removed and a note was added to the *Tabs/Demographics/Addresses/Permanent Mailing Address* section. | Tom Hamilton |
| 9/28/07 – 10/01/07 |  | Added CR2530 (a.k.a. CR5965 & 5985) to update the following date fields to restrict dates to after DOB and/or before DOD: *P&T Effective Date*, *Ineligible Date* and *Enrollment Application Date* per CR5985 Resolution in various sections. *Date Ruled Incompetent* was already compliant. Added CR4448 to update the *Rules* for *Enrollment Application Date* field in the *Tabs/Enrollment/Cancel/Decline* section. Added CR4354 to update *Eligibility Status Date* field *Rules* in the *Tabs/Eligibility/Edit Current Eligibility* section. | Tom Hamilton |
| 9/27/07 – 9/28/07 |  | Added CR5751 – Added *Report Status* and *Archived Date* columns to the *Completed Reports* section. Also added mini-Status Filter and 2 more *Report Filter* parameters. Also added additional capabilities under the *Action* column. Added *Archive Reports* and *Purge Archive Reports* parameters to the *Admin/System Parameters* section. | Tom Hamilton |
| 9/20/07 |  | Added CR4247 – Added a Deactivation date on which the Associate's Role becomes inactive. Added information to *Roles* definition about the number of *Roles* that can be associated with a particular *Associate*. Updates to *Demographics/Add Associates* section. | Tom Hamilton |
| 9/18/07 – 9/19/07 |  | Added CR3009 – Ability to delete 1 or more Military Service Episodes. Updates to *Current Military Service* section. | Tom Hamilton |
| 9/17/07 |  | Updated HECMS main page to reflect additional 3.1 functionality. | Tom Hamilton |
| 9/13/07 |  | Create Initial Draft User Manual from HECMS 3.0 User Manual | Tom Hamilton |

Table of Contents

[1 Introduction 1](#_Toc447811848)

[1.1 Purpose 1](#_Toc447811849)

[1.2 Overview 1](#_Toc447811850)

[1.2.1 Continuing the Overview 13](#_Toc447811851)

[1.3 Project References 15](#_Toc447811852)

[1.3.1 Coordination 15](#_Toc447811853)

[1.3.2 Help Desk 15](#_Toc447811854)

[1.4 Organization of the Manual 15](#_Toc447811855)

[1.5 Acronyms and Abbreviations 18](#_Toc447811856)

[2 System Summary 30](#_Toc447811857)

[2.1 System Configuration 30](#_Toc447811858)

[2.2 Data Flows 30](#_Toc447811859)

[2.3 User Access Levels 30](#_Toc447811860)

[2.4 Contingencies and Alternate Modes of Operation 30](#_Toc447811861)

[3 Getting Started 31](#_Toc447811862)

[3.1 Online Help Tutorial 31](#_Toc447811863)

[3.2 Logging On 34](#_Toc447811864)

[3.3 System Menu 35](#_Toc447811865)

[3.3.1 Person Search 35](#_Toc447811866)

[3.4 Button Bar 38](#_Toc447811867)

[3.4.1 Home 38](#_Toc447811868)

[3.4.2 Veteran 39](#_Toc447811869)

[3.4.2.1 Veteran/Search/Overview/Merge 39](#_Toc447811870)

[3.4.2.2 Veteran Merge 39](#_Toc447811871)

[3.4.2.3 Veteran Merge Search 41](#_Toc447811872)

[3.4.2.4 Veteran Un-Merge 44](#_Toc447811873)

[3.4.3 Worklist 45](#_Toc447811874)

[3.4.3.1 Worklist 45](#_Toc447811875)

[3.4.3.2 Worklist Overview 47](#_Toc447811876)

[3.4.3.3 Worklist/My Items/Assigned Items/Unassigned Items/Open Items 48](#_Toc447811877)

[3.4.3.4 Work/Search Items 54](#_Toc447811878)

[3.4.3.5 Worklist/Items/Update Assignment, Status, Comments 55](#_Toc447811879)

[3.4.4 Registry 57](#_Toc447811880)

[3.4.4.1 Registry Search 57](#_Toc447811881)

[3.4.4.2 ADD PH, POW, SHAD 59](#_Toc447811882)

[3.4.4.2.1 Add Purple Heart Registry Entry 59](#_Toc447811883)

[3.4.4.2.2 Add POW Registry Entry 63](#_Toc447811884)

[3.4.4.2.3 Add SHAD Registry Entry 67](#_Toc447811885)

[3.4.4.3 Load Registry 70](#_Toc447811886)

[3.4.5 HL7 Messages 72](#_Toc447811887)

[3.4.6 Mail 74](#_Toc447811888)

[3.4.6.1 Undeliverable Mail Scanning 74](#_Toc447811889)

[3.4.6.2 Undeliverable Mail Search 75](#_Toc447811890)

[3.4.6.3 Edit Permanent Address 77](#_Toc447811891)

[3.4.7 Reports 78](#_Toc447811892)

[3.4.7.1 Report List 78](#_Toc447811893)

[3.4.7.2 Scheduled Reports 81](#_Toc447811894)

[3.4.7.3 Schedule Report 83](#_Toc447811895)

[3.4.7.4 Completed Reports 85](#_Toc447811896)

[3.4.7.5 Sample Reports 88](#_Toc447811897)

[3.4.7.5.1 Undeliverable Mail (BOS 1) 88](#_Toc447811898)

[3.4.7.5.2 Letter Files from Processing Center (COR 1) 89](#_Toc447811899)

[3.4.7.5.3 Total Enrolled Veterans (EED 1) 90](#_Toc447811900)

[3.4.7.5.4 Total User Enrollee (EED 2) 91](#_Toc447811901)

[3.4.7.5.5 PH Unconfirmed For More Than X Days (EED 3) 92](#_Toc447811902)

[3.4.7.5.6 Total Enrollees per Enrollment Status Grouped by Priority (EED 6) 93](#_Toc447811903)

[3.4.7.5.7 EED Weekly Statistics (EED 8) 94](#_Toc447811904)

[3.4.7.5.8 Enrollment Override Report (EED 9) 95](#_Toc447811905)

[3.4.7.5.9 Total Eligibility Factors (EED 10) 96](#_Toc447811906)

[3.4.7.5.10 Duplicate Merge (EED 12) 97](#_Toc447811907)

[3.4.7.5.11 Incomplete Registrations Report (EED 19) 98](#_Toc447811908)

[3.4.7.5.12 Missing Preferred Facility Report (EED 20) 99](#_Toc447811909)

[3.4.7.5.13 MT Signature Indicator By Income Year (IV 1) 100](#_Toc447811910)

[3.4.7.5.14 Returned Records From SSA Statistics (IV 3) 101](#_Toc447811911)

[3.4.7.5.15 Database SSN Statistics (IV 4) 102](#_Toc447811912)

[3.4.7.5.16 Pseudo SSN (IV 5) 103](#_Toc447811913)

[3.4.7.5.17 OPP Extract Period Of Service File Summary Report (OPP 4) 104](#_Toc447811914)

[3.4.7.5.18 OPP Extract Main File Summary Report (OPP 5) 105](#_Toc447811915)

[3.4.7.5.19 OPP Extract Eligibility File Summary Report (OPP 6) 106](#_Toc447811916)

[3.4.7.5.20 OPP Extract Rated Disabilities File Summary Report (OPP 7) 107](#_Toc447811917)

[3.4.7.5.21 OPP Extract Combat Data File (OPP 8) 108](#_Toc447811918)

[3.4.7.5.22 Assigned to Priority Group 8 (P8G 1) 109](#_Toc447811919)

[3.4.7.5.23 Income Summary Report (P8G 2) 110](#_Toc447811920)

[3.4.7.5.24 Migration to Priority Group 8 (P8G 3) 111](#_Toc447811921)

[3.4.7.5.25 Migration from Priority Group 8 (P8G 4) 112](#_Toc447811922)

[3.4.7.5.26 New Enrollment Processing (QM 3) 113](#_Toc447811923)

[3.4.7.5.27 Cancelled/Declined (QM 4) 114](#_Toc447811924)

[3.4.7.5.28 Bad Address Records (QM 5) 115](#_Toc447811925)

[3.4.7.5.29 EED Veteran Survey List (QM 6) 116](#_Toc447811926)

[3.4.7.5.30 Unsolicited Updates by VBA (QM 8) 117](#_Toc447811927)

[3.4.7.5.31 MST National (QM 10) 118](#_Toc447811928)

[3.4.7.5.32 Workload Turnaround Time (QM 11) 119](#_Toc447811929)

[3.4.7.5.33 Manual Eligibility Update (QM 14) 120](#_Toc447811930)

[3.4.7.5.34 Workload for Status Remaining or Exceeding X Days (QM 15) 121](#_Toc447811931)

[3.4.7.5.35 Financial Tests in Process (QM 17) 122](#_Toc447811932)

[3.4.7.5.36 Outbound HL7 Error (QM 19) 123](#_Toc447811933)

[3.4.7.5.37 VBA Query Status (QM 20) 124](#_Toc447811934)

[3.4.7.5.38 Address Updates (QM 21) 125](#_Toc447811935)

[3.4.7.5.39 PH Reject Reason (QM 23) 126](#_Toc447811936)

[3.4.7.5.40 Inbound HL7 Error (QM 25) 127](#_Toc447811937)

[3.4.7.5.41 Inbound Messages From Sites (QM 28) 128](#_Toc447811938)

[3.4.7.5.42 Inbound Messages From MVR (VBA) (QM 29) 129](#_Toc447811939)

[3.4.7.5.43 Outbound Messages To Sites (QM 30) 130](#_Toc447811940)

[3.4.8 Reference 131](#_Toc447811941)

[3.4.8.1 Thresholds 131](#_Toc447811942)

[3.4.8.3 Copayments 132](#_Toc447811943)

[3.4.8.4 EGT Settings 133](#_Toc447811944)

[3.4.8.5 Add/Update EGT Setting 136](#_Toc447811945)

[3.4.8.6 View Historical EGT Settings 138](#_Toc447811946)

[3.4.8.7 Relaxation Percentage 140](#_Toc447811947)

[3.4.8.7.1 Relaxation Percentage (Update) 140](#_Toc447811948)

[3.4.8.8 Relaxation Percentage 142](#_Toc447811949)

[3.4.8.8.1 Relaxation Percentage (Add) 142](#_Toc447811950)

[3.4.9 VOA Resubmission 143](#_Toc447811951)

[3.4.9.1 Resubmission 143](#_Toc447811952)

[3.4.10 ESR Registration 145](#_Toc447811953)

[3.4.10.1 Search and Add New Person 145](#_Toc447811954)

[3.4.10.2 Person Search Result 145](#_Toc447811955)

[3.4.10.3 Save in Process 150](#_Toc447811956)

[3.4.10.4 Cancel Registration 151](#_Toc447811957)

[3.4.10.5 Status History 152](#_Toc447811958)

[3.4.10.6 Complete Registration 153](#_Toc447811959)

[3.4.11 Admin 154](#_Toc447811960)

[3.4.11.1 User Accounts/Search 154](#_Toc447811961)

[3.4.11.2 User Account/Add 155](#_Toc447811962)

[3.4.11.3 User Account/Modify 156](#_Toc447811963)

[3.4.11.4 User Profiles 158](#_Toc447811964)

[3.4.11.4.1 User Profiles 158](#_Toc447811965)

[3.4.11.4.2 Roles 164](#_Toc447811966)

[3.4.11.4.3 Capability Sets 168](#_Toc447811967)

[3.4.11.5 System Parameters 172](#_Toc447811968)

[3.4.11.6 Batch Process Management 178](#_Toc447811969)

[3.4.11.7 Actively Running Batch Processes 180](#_Toc447811970)

[3.4.11.8 E&E Service 181](#_Toc447811971)

[3.4.11.8.1 E&E Service/Service Accounts 181](#_Toc447811972)

[3.4.11.8.2 E&E Service/E&E Service Accounts 182](#_Toc447811973)

[3.4.11.8.3 E&E Service/E&E Service Accounts 183](#_Toc447811974)

[3.4.11.8.4 E&E Service/Service Requests 185](#_Toc447811975)

[3.4.11.8.5 E&E Service/Service Requests 186](#_Toc447811976)

[3.4.11.8.6 E&E Service/Service Requests 187](#_Toc447811977)

[3.4.11.9 HandBook Batch Request (Add) 188](#_Toc447811978)

[3.4.11.10 HandBook Batch Request (View Historical) 191](#_Toc447811979)

[3.4.11.11 Handbook Batch Request Statistics 193](#_Toc447811980)

[3.4.11.12 HandBook Batch File Statistics 194](#_Toc447811981)

[3.4.11.13 IRS Reject Management 196](#_Toc447811982)

[3.4.11.13.1 Managing Rejections 196](#_Toc447811983)

[3.4.11.13.2 Rejected Person Submissions 197](#_Toc447811984)

[3.4.11.13.3 Submit Corrections 198](#_Toc447811985)

[3.5 Tabs 200](#_Toc447811986)

[3.5.1 Overview (Add a Person) 200](#_Toc447811987)

[3.5.1.1 Overview 200](#_Toc447811988)

[3.5.1.2 Signature Images 204](#_Toc447811989)

[3.5.2 Eligibility 205](#_Toc447811990)

[3.5.2.1 Current Eligibility 205](#_Toc447811991)

[3.5.2.1.1 Health Benefit Plans Assigned - Unselect to Delete 211](#_Toc447811992)

[3.5.2.2 Edit Current Eligibility 212](#_Toc447811993)

[3.5.2.3 Edit Current Eligibility (Add a Person) 233](#_Toc447811994)

[3.5.2.4 Edit Purple Heart 253](#_Toc447811995)

[3.5.2.5 Select Period of Service 257](#_Toc447811996)

[3.5.3 Demographics 258](#_Toc447811997)

[3.5.3.1 Overview 258](#_Toc447811998)

[3.5.3.1.1 Demographics Overview 258](#_Toc447811999)

[3.5.3.2 Identity Traits 259](#_Toc447812000)

[3.5.3.2.1 Identity Traits 259](#_Toc447812001)

[3.5.3.3 Identity Traits 264](#_Toc447812002)

[*3.5.3.3.1* Identity Traits (Add a Person) 264](#_Toc447812003)

[3.5.3.4 Personal 269](#_Toc447812004)

[3.5.3.4.1 Personal (Person) 269](#_Toc447812005)

[3.5.3.5 Personal 275](#_Toc447812006)

[3.5.3.5.1 Personal (Add a Person) 275](#_Toc447812007)

[3.5.3.6 Associates 282](#_Toc447812008)

[3.5.3.6.1 Associates 282](#_Toc447812009)

[3.5.3.6.2 Add (Update) Associate(s) 283](#_Toc447812010)

[3.5.3.7 Associates 288](#_Toc447812011)

[*3.5.3.7.1* Associates (Add a Person) 288](#_Toc447812012)

[3.5.3.8 Addresses 292](#_Toc447812013)

[3.5.3.9 Insurance 296](#_Toc447812014)

[3.5.3.9.1 Insurance 296](#_Toc447812015)

[3.5.3.9.2 Add/Update Insurance Carrier 297](#_Toc447812016)

[3.5.3.9.3 Add/Update Insurance Carrier - Medicare 301](#_Toc447812017)

[3.5.4 Military Service 306](#_Toc447812018)

[3.5.4.1 Current Military Service 306](#_Toc447812019)

[3.5.5 Financials 321](#_Toc447812020)

[3.5.5.1 Financial Assessment 321](#_Toc447812021)

[3.5.5.2 Financial Overview 324](#_Toc447812022)

[3.5.5.3 Dependents 325](#_Toc447812023)

[3.5.5.3.1 Dependents Overview 325](#_Toc447812024)

[3.5.5.3.2 Add/Edit Dependent Spouse 326](#_Toc447812025)

[*3.5.5.3.3* Add Dependent Spouse (Add a Person) 332](#_Toc447812026)

[3.5.5.3.4 Add/Edit Child (Dependent) 338](#_Toc447812027)

[3.5.5.4 Financial Details 343](#_Toc447812028)

[3.5.5.5 Adjudication (Income Year XXXX) 352](#_Toc447812029)

[3.5.6 Enrollment 353](#_Toc447812030)

[3.5.6.1 Cancel/Decline/Override Enrollment 353](#_Toc447812031)

[3.5.6.2 Cancel/Decline/Override Enrollment (Add a Person) 357](#_Toc447812032)

[3.5.7 Facility 361](#_Toc447812033)

[3.5.7.1 Facility 361](#_Toc447812034)

[3.5.7.2 Send Query Message Z07 363](#_Toc447812035)

[3.5.7.3 View Site/All Archived/All HL7 Messages 364](#_Toc447812036)

[3.5.8 Communications 367](#_Toc447812037)

[3.5.8.1 Previously Mailed 367](#_Toc447812038)

[3.5.8.2 Available for Mailing 369](#_Toc447812039)

[3.5.8.3 Letter Type Communications 370](#_Toc447812040)

[3.5.8.4 Handbook Status 372](#_Toc447812041)

[3.5.8.5 Handbook Communications Detail 374](#_Toc447812042)

[3.5.8.6 Delivery Preference 375](#_Toc447812043)

[3.5.8.7 VHIC Status *(Inactive – the VHIC APIs which populate these fields will become active in a future release)* 377](#_Toc447812044)

[3.5.9 Affordable Care Act (ACA) Reporting 379](#_Toc447812045)

[3.5.9.1 Reporting MEC to the IRS 379](#_Toc447812046)

[3.5.9.2 IRS Transmissions 379](#_Toc447812047)

[3.5.9.3 Viewing IRS Reporting Results 379](#_Toc447812048)

[3.6 Exit System 381](#_Toc447812049)

[3.7 Special Instructions for Error Correction 381](#_Toc447812050)

[3.8 Caveats and Exceptions 381](#_Toc447812051)

[4 Project-Specific Scenarios 382](#_Toc447812052)

[4.1 How Do I … 382](#_Toc447812053)

[5 Troubleshooting 415](#_Toc447812054)

[Index 416](#_Toc447812055)

Table of Figures

[Figure 1: Button Bar 16](#_Toc447812056)

[Figure 2: Summary Area, Sensitive Record 16](#_Toc447812057)

[Figure 3: Summary Area (Open Work Items, Veteran Merge Pending) 16](#_Toc447812058)

[Figure 4: Tabs 17](#_Toc447812059)

[Figure 5: Main Screen Area 18](#_Toc447812060)

[Figure 6: Online WebHelp System Window 31](#_Toc447812061)

[Figure 7: System Help vs. Screen Help 34](#_Toc447812062)

[Figure 8: Button Bar: Home 38](#_Toc447812063)

[Figure 9: Admin>IRS Reject Management 196](#_Toc447812064)

[Figure 10: IRS Reject Management>Person Submissions or Batch Submissions>IRS Reject Management page 196](#_Toc447812065)

[Figure 11: IRS Reject Management>Person Submissions>IRS Reject Management 197](#_Toc447812066)

[Figure 12: Communications tab>ACA Reporting sub tab>SUBMIT CORRECTION link 199](#_Toc447812067)

[Figure 13: ACA Reporting sub tab>Submit Corrected IRS 1095B Coverage Data 199](#_Toc447812068)

[Figure 14: Communications tab>ACA Reporting sub tab>Messages 200](#_Toc447812069)

[Figure 15: Sensitive Record: Open Work Items 202](#_Toc447812070)

[Figure 16: Open Work Items 203](#_Toc447812071)

[Figure 17: Person Search>Communication Log>Communications tab>ACA Reporting sub tab 379](#_Toc447812072)

# Introduction

It is difficult to provide a users’ guide template that fits all situations since applications vary so much in what they allow users to do. This template is put forth for the project manager or other writer to use in tailoring to the specific characteristics of the software and the project.

Enrollment System (ES) 4.3 is the replacement system for the decommissioned product known as HEC (Health Eligibility Center, Atlanta) Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. ES allows staff at the HEC to work more efficiently and determine patient eligibility in a timelier manner. Messaging with the VAMC (Department of Veterans Affairs Medical Center) allows updates to the enterprise enrollment system to be shared with the field.

It is one component of the "system of systems" needed to implement the Health*e*Vet REE (Registration, Eligibility and Enrollment) environment.

Its two main functions are:

* Expert System (Messaging)
* The messaging subsystem provides a seamless bi-directional interface with external Veterans Health Administration (VHA) and non-VHA systems for data exchange of Veterans’ information.
* Work Flow (Case Management)
* The case management subsystem provides authorized VHA case representatives at the HEC with a web interface to easily track, maintain, and manage cases associated with Veteran benefits.
* HEC staff utilizes ES to manage these "cases" to completion so that verified E&E can be determined.

## Purpose

Describe the purpose of the guide, which is typically to familiarize users with the important features and navigational elements of the tool.

The purpose of this user guide is to familiarize the users with the important features and navigational elements of the application.

## Overview

Enrollment System Redesign (ESR) V3.1 (now the ES)added additional requested functionality and minor enhancements. These enhancements were developed on both the VistA Registration, Eligibility, and Enrollment (REE) Legacy and ESR systems. The idea was to ensure the VAMCs maintained their ability to make initial enrollment and eligibility determinations while supporting the replacement and enhancements of the HEC Legacy Software Application.

President George W. Bush established a Task Force for returning Global War on Terror (GWOT) heroes which resulted in enhancements that improved the delivery of Federal services and benefits to GWOT service members and Veterans. Among the recommendations associated with the Task Force was to focus on enhancing the delivery of services and information to GWOT service members and Veterans within existing authority and resource levels.

To satisfy the *Program Management Accountability System* (PMAS) initiative to provide more frequent software releases with reduced functionality, ESR **V3.1** was released separate from the Veterans Online Application (VOA) package, which will be released at a later date. The unpopulated VOA fields are identified by adding “**VOA**” in parenthesis next to the respective field names in this manual. These placeholder fields will not be populated until VOA is released.

ESR **V3.2** added the General Counsel’s (GC) Ruling on changes to the Geographic Means Test Threshold (GMTT). The GC ruling dictates that people with very low income who live where the GMTT is less than the Means Test Threshold (MTT) and whose net income is less than the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, be placed in Priority Group (PG) 7.

ESR **V3.3** added the Eligibility and Enrollment (E&E) Web Service which supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to ESR, carrying out the system specific information request.

VBA Pension Data Sharing expanded on the pension information gathered by ESR. Additional Pension Award fields related to *VA Pension* were added to the *Edit Current Eligibility* screen. Also included as part of the VBA Pension Data Sharing enhancement were two Class II Dental fields added to the *Current Military Service* screen.

Priority Group Relaxation % Phase II expanded upon the *P8 Relaxation Enhancement*, which allowed Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds, by providing the ability to change the *Relaxation Percentage* by income year. The change was retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but would now qualify under the new relaxation percentage.

ESR **V3.4** added the following Military Service Data Sharing (MSDS) capabilities.

* A manual query to the Beneficiary Identification Records Locator System (BIRLS) and VA/DoD Identity Repository (VADIR) via the MSDS Broker can be initiated from the *Military Service* page.
* The **MSDS Query Status** is displayed on the *Current Eligibility* page.
* The Veteran’s record is updated if the incoming data received from BIRLS and VADIR is more favorable for the veteran.
* ***Medal of Honor Indicator*** data is stored and displayed on the *Military Service* page.
* When new Military Service Episode *(*MSE) or Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) data is received from a site, an MSDS Broker query is triggered.
* HEC and Broker data is used rather than site data to determine the ***Veteran Indicator***, calculate the ***Combat Veteran End Date***, and determine the veteran’s ***Period of Service***.
* MSE data is shared with the sites (VistA).

ESR **V3.5** added the following additional MSDS capabilities.

* Activations from VADIR are received and processed into ESR Military Service Episodes (MSE)
* The ***Combat Veteran End Date*** computation was modified to allow a recalculation to an earlier date based on a user edit of the Military Service and/or Combat Service data to an earlier date.
* ESR accepts precise dates from the Broker when ESR has imprecise MSE dates on record.
* ESR does not perform a query of the MSDS Broker for persons with null/missing identity traits.
* Additional choices for ***Discharge Type*** on the *Current Military Service* screen were added. They are: 1) Honorable for VA Purposes (**Honorable-VA**) and, 2) Dishonorable for VA Purposes (**Dishonorable-VA**).
* Incoming BIRLS data was modified to map *Branch of Service* values for *Air National Guard (ANG)* and *Army National Guard (ARNG)* to **Air Force** and **Army** in ESR, respectively, and sets the ***Service Component*** field to **Activated National Guard**.
* If the Broker fails to create an MSE record, ESR creates a HEC-owned MSE from the site data.

ESR **V3.5** added the following Public Law (PL111-163) requirement.

* PL111-163 provided additional benefits for Catastrophically Disabled veterans by eliminating the means test and Rx Copay test obligation. A one-time 640K letter was sent to all Catastrophically Disabled veterans to notify them of the additional benefit. A 640K letter was sent to Veterans who had not previously been notified and who were in PG 1, 2, 3, or 4 at the time a Catastrophic Disability was added to their eligibility record.

ESR **V3.5** added the following Add a Person capabilities.

* Search to add a person (*Search and Add New Person*) – This functionality allows users to perform searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the ES system or update a person who is “In Process”.
* Save person in-process (*Save in Process*) – This option allows users to save registrant records in a state of “In Process” so they can be returned to for completion at a later time.
* Cancel a registration (*Cancel Registration*) – This option allows users to cancel a registration that is in progress, or a registration that has been resumed from being “Saved in Process”.
* As part of the Add a Person registration process, users are required to:
* enter Demographics information
* enter Eligibility information
* enter Enrollment information
* Send a query to VBA when new person is added to ESR.
* Transmit registrant data using HL7 (VistA) messaging.
* Run reports (EED 19) to see person registration statuses.

ESR **V3.5** added the following Preferred Facility capabilities.

* On the *Demographics/Personal* page, the ***Preferred Facility*** field was made editable only when an active Primary Care Provider (PCP) was unavailable. The field next to it is the ***Preferred Facility Source*** field, which is the source of the preferred facility selection. It is not user-selectable but is automatically populated based on the source of the data.
* The Veteran’s Preferred Facility is determined by communicating with an outside (of ESR) source (Corporate Data Warehouse {CDW}).
* New *Missing Preferred Facility* report (EED 20) displays which Veterans have no Preferred Facility.

ESR **V3.5** added Veteran Benefits Handbook functionality.

* Twenty-four new triggers were added for ESR to generate Veteran Benefits Handbooks.
* Users may display a published Veteran Benefits Handbook through a link on the *Veteran Overview* screen.
* Triggers for Handbooks or Inserts will only fire if the Preferred Facility is Dayton, enabling a controlled pilot project to be completed.
* Data is shared with the Content Management System (CMS) Vendor allowing the creation and mailing of patient specific Handbooks to individual Veterans.

ESR **V3.6** added the following E&E Web Service/T-Pharm enhancements.

* In support of the FSC Fee and Dialysis groups, sixteen additional fields were added to the E&E Web Service, plus the ability to allow a second request with a date-of-service parameter to be passed.
* A new service request that returns historical data based on a Date of Service.
* A new Eligibility Determination request that returns “Eligible” or “Not Eligible” based on the Enrollment Status.
* Also added was the Eligibility Determination Service (EDS) in support of the Third-Party Pharmacy (T-Pharm) effort. This effort is being done in two phases. The first phase (ESR 3.6) involved ESR receiving an Integration Control Number (ICN), determining the Eligibility Status based on the business rules, and returning the value to the requestor.

ESR **V3.6** added the following Public Law (PL111-163) requirement.

* The ***Medal of Honor Indicator*** data stored and displayed on the *Military Service* page became editable.
* Receipt of a Medal Of Honor was added to the eligibilities considered when assigning an Enrollment PG.

ESR **V3.6** added additional Veteran Benefits Handbook functionality.

* A new **Default Handbook Batch Release Control Number** *System Parameter* was added for changing the release control number to be used with a Handbook Batch Release. See the *System Parameters* section of this manual for more information.
* A new **Handbook Rollout Over** *System Parameter* was added for turning the new enrollment triggers on and off. See the *System Parameters* section of this manual for more information.
* A new **Handbook Active** *System Parameter* was added that activates “trigger” events that prompt the sending of Handbook communications to the CMS. See the *System Parameters* section of this manual for more information.

See the *Tabs/Communications/Handbook Status* section of this manual for more details.

ESR **V3.6** added additional VBA Pension Data Sharing functionality between VistA and ESR.

* A new **VBA Data Sharing Indicator** *System Parameter* was added for activating the new ZE2 segment (VistA) for sharing VBA Pension Data to/from VistA sites. See the *System Parameters* section of this manual for more information.
* VBA Pension data is now shared with VistA sites.
* Eligibility for Dental benefits is now shared with VistA sites.

ESR **V3.6** added the following additional MSDS capabilities:

* Automatic determination of OEF/OIF combat episodes using military pay and deployment records.
* Close and remove unwanted *Work Items* created from MSDS broker data processing.
* Ignore combat pay record from VADIR/BIRLS if there is no ***Combat Pay End Date***.

ESR **V3.7** added the following additional capabilities/changes:

* The Business Rule for Creation of Enrollment History records was changed. The number of data element changes that create enrollment history records was reduced. Changes to *Enrollment Status*, *Priority Group*, or *EGT* will produce new history records, most other changes will not.
* Updated the Priority Group 8 Report (P8G 2) to use the appropriate Relaxation Percentage rather than the fixed, initial percentage.
* An *Appointment Request Response* may now be selected during the ESR Registration (Add a Person) process on the *Demographics/Personal* screen.
* When registration of a patient (Add a Person) is completed, a bulletin is sent to the patient’s chosen Preferred Facility.
* Demographics/Identity Traits screen, **Mother’s Maiden Name** field is no longer shared with VistA.
* ESR sends a query to the MSDS Broker when a person is registered through ESR (AAP).
* ESR shares *Permanent Address* and *Home Telephone* with the Master Veteran Index (MVI).
* MVI notifies ESR of Date of Death updates.
* E&E Web Service returns multiple Preferred Facilities for a Veteran if that Veteran has more than one active *Preferred Facility*.
* ESR uses HEC-entered Eligibility Verification status for NSC and SC 0% non-compensable persons registered through ESR (AAP) to attempt to verify the Eligibility Status.

ESR **V3.8** added the following additional capabilities/changes:

* A *Delivery Preference* sub tab which supports delivery preferences of either “Mail” or “Online” for the Veteran Benefits Handbook, was added to the *Communications* tab.
* ESR uses MSDS data to verify eligibility.
* In the *Permanent Mailing Address* section, ESR separates *Home Phone* last update date/time from *Permanent Address* last update date/time.
* On Add A Person *Search* screen, the ***FIRST NAME*** and ***MIDDLE NAME*** fields were rearranged.
* On the *Demographics/ Identity Traits* screen, the ***Place of Birth State*** field became a dropdown menu with a list of state codes and foreign locations. The ***Race*** field changed to allow multiple selections.

ESR **V3.9** added the following additional capabilities/changes:

* E&E Web Service – additional fields were added to the E&E Web Service.
* OPP Extract  
  – *Ethnicity* now appears in the Main file (OPP 5).  
  – Raceinformation is sent to OPP in a new *Race* file.
* Handbook  
   – the number of “trigger” events that prompt the sending of Handbook communications to the CMS was reduced. Handbook events were modified to trigger only when a different Preferred Facility (PF) has been added, or an existing PF is replaced by a different PF.  
  – up to 3 PFs, including Station Number, are sent to the CMS vendor at the Community-based Outpatient Clinic (CBOC) level for inclusion in the Handbook.
* MSDS – the system now recalculates the Period of Service (POS) using the MSDS Broker when an ineligible non-service connected non-veteran is changed to an eligible service-connected veteran.
* VOA Enhancements – new “Feb 2011” 1010EZ and 1010EZR formats became available through the ES application via the “Print 1010EZ” and “Print 1010EZR” buttons under the **Financials** tab/*Financial Overview* screen.

ESR **V3.10** added the following additional capabilities/changes:

* Handbook – the Veteran *Overview* screen in the **Communications** section now displays up to three hyperlinks for each of *Handbook* and *Benefits at a Glance* (in ESR 3.9 only one of each was present). These hyperlinks now allow a user to view the three most current *Handbook* and/or *Benefits at a Glance*.
* Enrollment Enhancements  
  – there will be a onetime batch process to update Catastrophically Disabled (CD) Veterans to change the Means Test status to “No Longer Required” and the associated Pharmacy (Rx) Copay status to “No Longer Applicable”.  
  – HL7 Messages in the ADR HL7 Transaction Log table is now archived to the HL7 Archive table and then permanently deleted per an agreed upon schedule. On the *Facility/Facilities* screen, an additional hyperlink was added to the screen with the title, “**View All Archived HL7 Messages**”. When clicked, the *Archived HL7 Message Log* screen displays.
* ICD-10 Changes – the 30-year-old ICD-9-CM code set is being replaced by the **I**nternational **C**lassification of **D**iseases, Tenth Revision, **C**linical **M**odification (ICD-10-CM) and the **I**nternational **C**lassification of **D**iseases, Tenth Revision, **P**rocedure **C**oding **S**ystem (ICD-10-PCS) with dates of service, or date of discharge for inpatients, that occur on or after the ICD-10 Activation Date.  
  There will be a period of time when VHA will require the use of both code sets (ICD-9 and ICD-10) to accommodate outpatient dates of service and inpatient discharges prior to and following the compliance date (the ICD-10 Activation Date) as well as for reporting and research purposes.  
  New to ESR 3.10 is an added column in each of the **Diagnosis** and **Procedure** sections to indicate if the code displayed is an ICD-9 or ICD-10 code.  
  The OPP 1 and OPP 2 extract reports were modified to accommodate the new ICD-10 codes.
* Veteran Financial Assessment (VFA) – the VFA initiative reduces the need for Veterans to provide updated financial information to the VA annually to re-establish their eligibility for VA healthcare benefits. New enrollees and Veterans whose Means Tests expired prior to the VFA Start Date will be required to submit income information.  
  A Means Test will no longer expire each year in the ES. An ESR to IVM (Enrollment Database {EDB}) Web Service has been established to exchange Veteran income/net worth information with the IVM Application (EDB). Additionally, all Means Tests will become effective immediately (Means Tests will no longer become Future Dated Tests).  
  – a new system parameter, ***VFA Start Date***, was added to the *System Parameter* section/screen that will establish the start of the Veteran Financial Assessment initiative.

ESR **V3.11** added the following additional capabilities/changes:

* AAP Defect Fixes  
  – if there was an employer address entered and you got an error upon submitting the data (i.e., it stated that city/state did not match zip), when you attempted to re-enter the data, the ***State*** and ***Zip*** did not display. If you selected to enter the country, the ***State*** & ***Zip*** fields then displayed.
* Enrollment System Enhancements  
   – a solution for archiving/deleting HL7 messages was implemented. Select records are removed from the table and placed in a separate storage location in a separate archive accessible by the ESR application.  
  – editing an email address only or phone only now triggers an outbound Z05 message to the sites.
* Handbook  
   – ESR now displays the current *Handbook* or *Benefits At A Glance* and previous 2 versions via the Virtual Content Generator (VCG). ESR 3.10 used the Content Management System (CMS) vendor to produce the HB and BAG.  
  – the VCG now stores a *Handbook* and/or *Benefits At A Glance* in the Veterans Benefits Repository (VBR) database, not in ESR.  
   – ESR no longer updates Bad Address Reason from CMS returned files.
* Veteran Online Application (VOA) – ESR now receives VOA data via a web service call.
* Veterans Financial Assessment (VFA) Enhancements (Phase II)  
  – ESR and Income Verification Matching (IVM) now communicate directly by way of the E&E Web Service.  
  – enhanced ESR/IVM data sharing – ESR logs transmissions to IVM and logs response from IVM.  
  – Updated the selection criteria for a Veteran record ESR-to-IVM transfer for a new IY
* System Parameters – the **IVM DM Exporter Maximum Records** from *System Parameters* was removed.

ESR **V3.12** added the following additional capabilities/changes:

* Handbook CMS Implementation  
  – inserts are mailed only to the Veteran with a delivery preference of “Mail”.  
  – the Communication Log status process was updated to accommodate the Online delivery preference.  
  – Display Error Message: If a Handbook Communication document cannot be displayed because VCG is unavailable, the following message displays: “The Handbook document cannot be displayed at this time. Please try again later. If this problem persists, please notify the Handbook Team via e-mail at *VHA HEC Handbook Team*.”
* VFA Changes (Phase III)   
  – implemented "Clone/Create Means Test" functionality  
  – IVM selection criteria for ESR 3.12 was significantly modified.  
  – ESR was modified to use "PG8 Indicator" from IVM.  
  – ESR was changed to support Rx Copay Exemption Status update from IVM for existing Means Tests.  
  – bi-directional interface between ESR and IVM was completed.  
  – Hardship values were added to the bi-directional interface.  
  – added new ***PG8 Relaxation Indicator*** field to the Financial Assessment area of the *Financial Overview* page.  
  – added new ***IVM Conversion Date*** field to the Income Verification area of the *Financial Overview* page.  
  – enhanced ESR/IVM data sharing – IVM now sends means test conversion/reversal decisions to ESR.
* VOA  
  – ESR added the ability for HEC users to resubmit pending VOA forms for processing.  
  – email communication is sent to the Veteran (if email provided in VOA form submitted) with confirmation of a successful VOA submission.  
  – data is sent in real time, upon request, to VOA for the purpose of pre-population of known enrollment data about the Veteran.  
  – new “VOA Resubmission” button added to the UI that when clicked, takes the user to the new *Resubmission* page where the user can select a 10-10EZ or 10-10EZR form for resubmission, after the reason it was put into a pending state has been addressed and corrected.
* Health Benefits Plan (HPB) – VHA has initiated the *Health Benefits Plan* (HBP) that associates the authority for care to the provisioning of healthcare services, while providing Veterans and their families with an accurate description of the benefits to which they are eligible. The creation of Veterans HBPs removes the subjectivity associated with and the interpretation of benefits and reduces the need to have VA staff continually interpret benefits for Veterans and their families.  
  – Users with the appropriate *Role/Capabilities* may View, Add (Assign) and Delete (Unassign) the appropriate HBP from a Veteran's record.  
  – Users with the appropriate *Role/Capabilities* may View the Veteran’s HBP change history.  
  – HBP Profile information is shared and received between ESR and VistA.  
  – all approved HBP names and definitions are viewable in ESR via the online help from the *Person Search* page and the new *Health Benefits Plans Assigned/Unassigned* page.  
  – a new HBP section/field was added to the Eligibility/*Current Eligibility* screen indicating the current number of HPBs for the Veteran. A link to the new *Health Benefits Plans Assigned/Unassigned* page was also added to the new section.  
  – a new field was added to the Veteran *Overview* screen in the Eligibility section indicating the current number of HPBs for the Veteran.
* New Person Search Criteria  
  – *VPID*  
  or  
  *Last Name*, *First Name*, *SSN* (or Pseudo SSN) and *Gender* are required,  
  or  
  *Military Service Number*  
  or  
  *Claim Folder Number*
* A new **HBP Data Sharing Indicator***System Parameter* was added for activating the new ZHP segment in the Z11 message (VistA) for sharing Health Benefits Plan Data to/from VistA. See the *System Parameters* section of this manual for more information.

ES **V4.0.0** added the following additional capabilities/changes:

* Update Manage Batch Handbook Requests

– how the user requests a batch of handbooks for mailing, views Handbook batch request status information including historical information, or cancels a scheduled batch request was changed. ES allows for preferential selection of a PG when scheduling a batch request.

* View Handbook Batch File Statistics

– users can view, for a specific date, statistics related to the weekly generation of handbook and insert requests included in the batch file and sent to the CMS.

* Health Benefits Plan (HPB)

– additions and updates were made to some HBP descriptions (viewable in the online help).

* Presumptive Health Benefit Plan (HBP)

– ES automatically assigns or un-assigns the Presumptive Health Benefit Plan to new Veteran records based on new rules and triggers (update existing Veteran records scheduled for future release).

* Financials

– users may select the current income year minus one for the first ninety (90) days of the current calendar year. For example, if the current income year is 2012 the user can enter 2011 as the current income year on any one of the first ninety (90) calendar days in 2013.

* Reports

– reports QM 26 & QM 27 were removed from the *Reports* screen.

* Batch Processes

– “Batch Process for sending Final Letter requests to CMS” and “Batch Process for handling the CMS Final Letter request results” were added to the Batch Process Management screen.

* System Parameters

– IVM Final Letter Indicator and VOA Anonymous/Level 1 Process Indicator System Parameters were added. See the *System Parameters* section of this manual for more information.

ES **V4.1.0** added the following additional capabilities/changes:

* Catastrophic Disability

– VA amended its regulation concerning the manner in which it determines a Veteran is catastrophically disabled (CD) for purposes of enrollment in PG 4. VA eliminated the use of ICD-9-CM and CPT® codes for determining CD. This ensures that CD regulations will not be out of date when new versions of those codes are published.

* Reports

– Some OPP reports were removed from the *Reports* section since this data is no longer collected.

* 508 Compliancy

– Some 508 Compliancy issues were addressed.

* HandBook –

– A HEC/EED user is now able to mail a HandBook to a Veteran when the Handbook has a handbook status communication of *Sent to CMS* or *Mailed by CMS*.

– A Handbook insert will now be sent to a Veteran when the PG changes.

* Legislative Changes (LC)

– [[1]](#footnote-2)LC-2 – Preferred Language – to obtain 2011 Electronic Health Record (EHR) certification and fulfill the Meaningful Use (MU) regulations (*see* Acronyms and Abbreviations)

– [[2]](#footnote-3)LC-3 – Manage Veteran Health Identification Card (VHIC) Information

– [[3]](#footnote-4)LC-4 – Self-Identified Gender (*Gender* fields changed to *Birth Sex*. *Self-Identified Gender Identity* field added to *Identity Traits* screen, but not yet functional.

– LC-5 – Airborne Hazard and Burn Pit – new Health Benefits Plan

* Enrollment System Financials (ESF), formerly VFA

– Decommission *Amount Contributed to Child* under Financials

– Changed *Contributed to Spousal Support* field under Financials/Add Dependent Spouse section from a dollar amount to a Yes/No indicator

– Added *BT* (Beneficiary Travel) *Financial Indicator* field to the Financial Overview section.

ES **V4.1.1** added the following additional capabilities/changes:

* IAM single sign-on integration

– User authentication is now managed centrally by Identity and Access Management (IAM). All ES users will authenticate with VA network credentials via IAM single sign-on portal prior to accessing the ESC application UI. Username and password is no longer required or managed by ES. User account authorization (roles, capabilities and permissions) is unchanged and remains managed by ES system administrators.

ES **V4.2** added the following additional capabilities/changes:

* CL-V Enrollment System Enhancements

– Public Law 112-154 was enacted to allow Veterans who were stationed at Camp Lejeune between August 1, 1953 and December 31, 1987 for at least 30 days to receive no cost treatment for 15 medical conditions that were caused by exposure to chemical leaks at Camp Lejeune. New functionality allows determination of Veteran’s eligibility or lack of eligibility for this benefit. If determined eligible, the Veteran is automatically promoted to Priority Group (PG) 6, if the Veteran’s PG is 7 or higher. If the Veteran already belongs to PG 6 or lower, his/her Priority Group remains unchanged.

– HEC sends a batch file to ES known as the CLEAR (Camp Lejeune Environmental Action Report) extract. This file is processed as a nightly batch process by the ES.

* VOA

– Veterans can apply for Camp Lejeune eligibility via the online application. The web service transaction with the ES has also been enhanced.

* System Parameters

– CL\_VISTA\_FULL\_ROLLOUT – This new system parameter allows selective control of VistA sites to receive Z11 with CL data.

* Reports

– The CL-V Eligibility indicator was added to the Total Eligibility Factors (EED 10) report.

ES **V4.3** adds a Web Client Server Interface to the IRS for the Healthcare Reform/Affordable Care Act (ACA)

* Public Law  
  Patient Protection and Affordable Care Act (ACA), Public Law 111-148
* VA Mandate  
  The Veterans Health Administration (VHA) must report to the IRS electronic ACA service, for each Veteran, the months qualified for Minimum Essential Coverage (MEC) in a qualified Enrollment Status for any time during the previous tax year.
* Affordable Care Act (ACA) Reporting  
  The reporting functionality is via electronic Web service submissions from the Enrollment System (ES) to the service provided by the IRS for purposes of ACA MEC reporting.
* Transmissions to the IRS  
  ES transmits the name, address, SSN, date of birth and the coverage month indicator for each month the person was in a valid status to receive benefits. Reporting is in whole month periods only; coverage for one day in a month is sufficient to report the entire month.
* Transmission Results  
  The transmission entries display the date, status, reported coverage period, and any error message returned when the transmission is rejected by the IRS. If no entries display on the page, the individual may not have been qualified for MEC in the previous tax year, or currently the individual may not have a record processed in ES.
* Submit Corrections to the IRS   
  A correction is the submission of a new 1095B form for a Veteran, when the original submission is rejected for data errors or where the coverage period is reported erroneously by the system.
* IRS Reject Management  
  Batch submission rejections and Person submission rejections (errors returned specific to a Veteran record) are collected and displayed. The end user is required to correct the error(s) and submit a corrected 1095B to the IRS.

### Continuing the Overview

The main areas and releases (in parentheses) in which some enhancements were made are:

* Data Handling Process (3.1)
* Reporting (3.1)
* Standardizing Date Checks (3.1)
* Enrollment Processing (3.1)
* Message Processing Improvements (3.1)
* System Administration (3.1)
* Veterans Online Application (10-10EZ supplement) (3.1)
* Identity Traits (3.1)
* Financials/Adjudication (3.2)
* E&E Web Services Phase II (3.3)
* VBA Pension Data Sharing (3.3)
* Priority Group Relaxation % Phase II (3.3)
* Remove Unnecessary Data Consistency Checks (3.3)
* Duplicate Merge Tool Enhancement (3.3)
* Military Service Data Sharing (MSDS), Phase I (Phase I will create HEC-owned MSE records based on site data from incoming ORUZ07 messages) (3.X)
* Veteran Benefits Handbook Phase I (3.X)
* MSDS (3.4)
* MSDS (3.5)
* Public Law PL111-163 (3.5)
* Add a Person (ESR Registration) (3.5)
* Preferred Facility (3.5)
* Veteran Benefits Handbook (3.5)
* E&E Web Service/T-Pharm (3.6)
* Public Law (PL111-163) Medal Of Honor (3.6)
* Additional Veteran Benefits Handbook Functionality (3.6)
* VBA Pension and Dental Data Sharing functionality between VistA and ESR (3.6)
* MSDS (3.6)
* E&E Web Service (3.7)
* MSDS (3.7)
* Master Veteran Index (MVI) (3.7)
* Reporting (3.7)
* Add a Person (ESR Registration) (3.7)
* Add a Person (screen/dropdown changes) (3.8)
* Communications/Handbook (3.8)
* MSDS (3.8)
* Demographics/Personal (field changes) (3.8)
* E&E Web Service (3.9)
* OPP Extracts (3.9)
* Handbook (3.9)
* MSDS (3.9)
* VOA (3.9)
* Handbook (3.10)
* Archiving HL7 Messages (3.10)
* ICD-10 Changes (3.10)
* VFA/Means Testing (3.10)
* Handbook (ESR 3.11)
* VOA (ESR 3.11)
* VFA Phase II (ESR 3.11)
* Handbook (ESR 3.12)
* VFA Phase III (3.12)
* VOA (ESR 3.12)
* Health Benefits Plan (ESR 3.12)
* Handbook (ES 4.0.0)
* Health Benefits Plan (ES 4.0.0)
* Financials (ES 4.0.0)
* Batch Processes (ES 4.0.0)
* System Parameters (ES 4.0.0)
* Catastrophic Disability (ES 4.1.0)
* OPP Extracts (ES 4.1.0)
* 508 Compliancy (ES 4.1.0)
* HandBook (ES 4.1.0)
* HBP (ES 4.1.0)
* Legislative Changes (ES 4.1.0)
* ESF (ES 4.1.0)
* IAM single sign-on integration (ES 4.1.1)
* CL-V (ES 4.2)
* VOA (ES 4.2)
* System Parameters (ES 4.2)
* Reports (ES 4.2)
* ACA (ES 4.3)

Explain in general terms the system and the purpose for which it is intended. The description may include some of the following elements:

* List and describe the major functions performed by the system
* Describe the architecture of the system in non-technical terms, (e.g., client/server, Web-based, etc.)
* User access mode, (e.g., graphical user interface)
* Responsible organization
* System name or title
* System code
* System category:
  + Major application: performs clearly defined functions for which there is a readily identifiable security consideration and need
  + support system: provides general computing or network support for a variety of users and applications
* Operational status:
  + Operational
  + Under development
  + Undergoing a major modification
* General description
* System environment or special conditions

Enrollment System is a web-based system which exchanges information with many external VA and non-VA systems in performing its tasks, which is making sure qualified Veterans are enrolled in the VA healthcare system.

## Project References

Provide a list of the references that were used in preparation of this document in order of importance to the end user.

The following additional ES documentation may be found on the VA ftp site.

* ES 4.3 Developer’s Guide
* ES 4.3 Installation Guide
* ES 4.3 Release Notes
* ES 4.3 Production Operations Manual (includes Troubleshooting Guide)
* ES 4.3 User Guide

### Coordination

Provide a list of organizations that require coordination between the project and its specific support function (e.g., installation coordination, security, etc.). Include a schedule for coordination activities.

Austin Information Technology Center (AITC), installation, maintenance (third Saturday of each month), monitoring

### Help Desk

Provide help desk information including responsible personnel phone numbers for emergency assistance.

Assistance can be obtained by calling the Remedy Help Desk at 888 263-4337.

## Organization of the Manual

Provide a list of the major sections of the User’s Manual (1.0, 2.0, 3.0, etc.) and a brief description of what is contained in each section.

This manual is organized in the following manner.

1. **Introduction** – Explains what the ES is and summarizes previous versions and enhancements.
2. **System Summary** – This section explains how the ES works.
3. **Getting Started** – This section contains information on how to log on and navigate the system to perform tasks. It also contains information on how the online help system is organized and used.
4. **Project-Specific Scenarios** – This section contains valuable information on how to perform common tasks in the ES in the *How Do I …* section.
5. **Troubleshooting** – This section details any potential issues, or items that a user may need assistance with and provides guidance to the extent possible.

item of special interest symbol**Note**: The terms *Veteran*, *beneficiary*, *patient*, and *applicant* will be used interchangeably throughout the ES Help. While not all *applicants* are *Veterans* nor *patients*, neither are all *applicants beneficiaries*. Whether they are a *Veteran*, *patient* or *beneficiary* is determined after the application for benefits is received and processed.

For any screens with multiple data, resorting may be done on any category by either clicking on the category name or on the sorting symbol symbols. Click again to sort the opposite (ascending/descending) of the pervious sort.

**Enrollment System Screen Layout**

item of special interest symbol**Note**:  Not all screens are visible to all users. Access to certain screens is Role-based. Check with your system administrator to determine the screens to which you should have access.

**ES areas of information**

1. **Button Bar** - This is the area of the screen where the 'utility' buttons for ES are located. From here the user may view **Worklists**, perform **Veteran Merges**, **Load Registries**, do an **Undeliverable Mail Search**, **Generate/View Reports**, reference **Thresholds/EGT Settings** and perform general **Administrative** functions.

Screen Shot

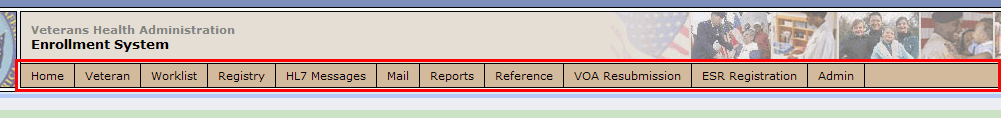


Figure : Button Bar

1. **Summary Area** - This is the area of the screen where the beneficiary's **Name**, **SSN**, **DOB**, **DOD**, **Enrollment Status**, and any other important information such as Open Work Items, Pending Merges, Sensitive Records, etc. are displayed.

Screen Shots

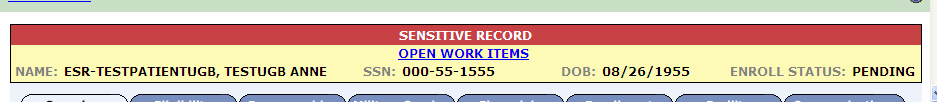


Figure : Summary Area, Sensitive Record



Figure : Summary Area (Open Work Items, Veteran Merge Pending)

1. **Tabs** - This is the area of the screen where the user may access the various kinds of information on record for the beneficiary to aid in determining his or her eligibility for enrollment in the VA healthcare system.

Screen Shot

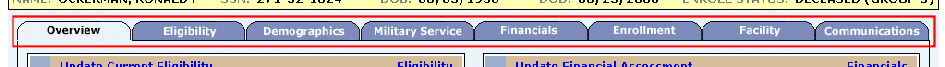


Figure : Tabs

1. **Main Area** - In this area is the majority of the data in the beneficiary's record. Within this area are links that can be used to present other screens to the user for viewing, updating, adding, and deleting information.

Screen Shot

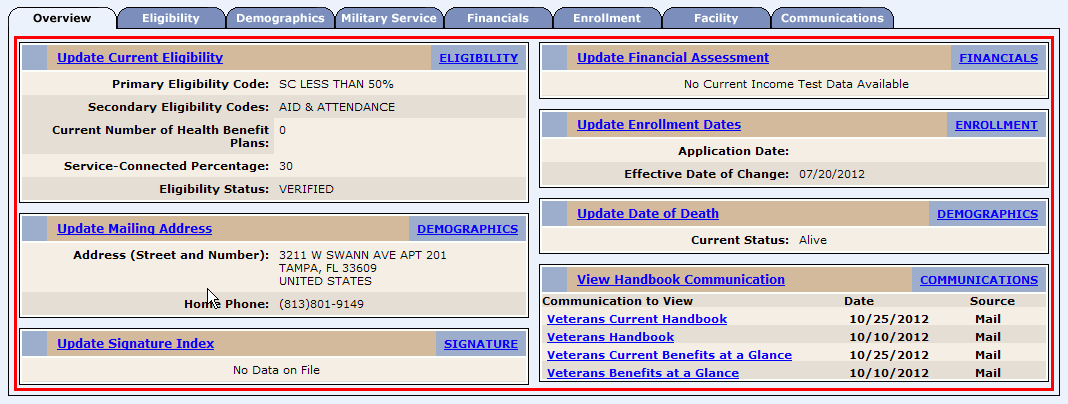


Figure : Main Screen Area

## Acronyms and Abbreviations

The following is a list of acronyms and definitions used in this document and the ES application.

#

.csv**:** CSV is the file extension for a Comma-separated data value file.

.pdf**:** portable document format

10-10EZ (form)**:** This is the Application for Health Benefits. Submission of this application provides the VA with the information they need to begin the enrollment application process for the Veteran in the healthcare system.

10-10EZR (form)**:** This is the Application for Health Benefits Renewal form. Submission of this application provides the VA with updated personal, insurance and/or financial information for the Veteran already enrolled in the healthcare system.

**A**

A&A**:** (see) Aid & Attendance

AAC**:** (see) Austin Information Technology Center

**ACA**: Affordable Care Act (Healthcare Reform/Affordable Care Act)

ACK**:** Acknowledgement

Adjudicate**:** To hear and settle (a case) by judicial procedure or to study and settle (a dispute or conflict).

AE**:** Application Error

Agent Orange**:** A herbicide containing trace amounts of the toxic contaminant dioxin that was used primarily in the Vietnam War to defoliate areas of forest.

Aid & Attendance**:** Need for Aid & Attendance means helplessness or being so nearly helpless as to require the regular aid and attendance of another person.

AITC**:** Austin Information Technology Center

applicant**:** An applicant is one that applies for benefits as in VA healthcare benefits.

Austin Automation Center**:** (see) Austin Information Technology Center

Austin Information Technology Center**:** The AITC (a.k.a. Austin Automation Center (AAC)) provides comprehensive e-government solutions to match the critical needs of VA and other federal agency customers, from managing data to automating business processes. The AITC supports over 100 customer applications that provide mission\ critical data for financial management, payroll, human resources, logistics, medical records, eligibility benefits and supply functions.

**B**

Bar Code ID**:** Bar Code id is a system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event if applicable, and the individual.

BDN**:** Benefit Delivery Network

beneficiary**:** A beneficiary is one that receives a benefit as in VA healthcare benefits.

Beneficiary Identification Records Locator System**:** The Beneficiary Identification Records Locator System (BIRLS) is a Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) database containing records of all beneficiaries, including Veterans whose survivors applied for death benefits. In addition to these applications for VA benefits, sources of data include Veterans discharged from the military service since March 1973, Medal of Honor recipients, and service members with accounts for VA education benefits.

BIRLS**:** Beneficiary Identification Records Locator System

BOS**:** Business Office Section

**C**

C&P**:** Compensation & Pension

Camp Lejeune Environmental Action Report (CLEAR) – CLEAR is a VA-created interim mechanism that tracks requests for care from Camp Lejeune Veterans and family members. It tracks calls to the VA call center as well as direct contact made by Veterans or family members at VA medical centers.

Camp Lejeune – **Veteran (CL-V):** From the 1950s to the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune (CL), NC, were exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals. On August 6, 2012, President Obama signed into law the “Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012” (P. L. 112-154). This law provides health care for Veterans who served on active duty at Camp Lejeune and reimbursement for health care to family members who resided at Camp Lejeune for not fewer than 30 days between August 1, 1953 and December 31, 1987. The law authorizes care for 15 medical conditions, even if there is insufficient medical evidence to conclude that such illnesses or conditions are attributable to the Veterans’ military service or family members’ residence at Camp Lejeune.

The Camp Lejeune-Veteran (CL-V) project improves organizational efficiency in providing services to affected Veterans by ensuring they are appropriately identified as Camp Lejeune eligible, assigning them to Priority Group 6, and waiving co-payments for their conditions related to Camp Lejeune. This helps address mandate House Resolution (H.R.) 1627 (now Public Law (P.L.) 112-154, Honoring America’s Veterans which requires VA to provide hospital care and medical services to Veterans who served on active duty at Camp Lejeune for one or more of 15 specified illnesses or conditions.

Capabilities**:** Capabilities are pre-defined and are essentially the known ES system functions.

Capability Sets**:** A Capability Set is a group of Capabilities. A Capability Set is a group of Capabilities, while a Role is a group of Capabilities and/or Capability Sets.

Catastrophic Disability**:** Catastrophic Disability is a permanent, severely disabling injury, disorder, or disease that compromises the individual's ability to carry out the activities of daily living to such a degree that s/he requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to her/himself or others.

CC**:** Consistency Check

CD**:** (see) Certificate of Deposit

CDW**:** (see) Corporate Data Warehouse

Certificate of Deposit**:** A certificate from a bank stating that the named party has a specified sum on deposit, usually for a given period of time at a fixed rate of interest.

CEV**:** Centralized Eligibility Verification

CHAMPVA**:** Civilian Health and Medical Program of the Uniformed Services or Veteran's Affairs (CHAMPVA); an insurance program in which the VA shares the cost of covered healthcare services and supplies for active duty and retired career military persons, their dependents and survivors.

CMS**:** (see) Content Management System

CLEAR: (see) Camp Lejeune Environmental Action Report

CL-V**:** (see) Camp Lejeune-Veteran

Combat Veteran**:** A Veteran, including activated Reservists and members of the National Guard, who served on active duty in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) and have been discharged under other than dishonorable conditions.

Compensable**:** A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.

Content Management System**:** The Content Management System provides the capability to create the Veterans Benefits Communications (a.k.a. Patient Benefits Handbook). This allows for user defined content rules to be evaluated for the generation of a Veterans Benefits Communications so that is specifically tailored to the Veteran. In addition, the CMS will publish and mail the Veterans Benefits Communications.

COR**:** Correspondence

Corporate Data Warehouse**:** The VA Corporate Data Warehouse (CDW) is a national repository comprising data from several Veterans’ Health Administration (VHA) clinical and administrative systems. The CDW’s objective is to provide data and tools to support management decision making, performance measurement and research objectives.

CV**:** Combat Veteran

**D**

DD-214**:** A DD-214 is issued to military members upon separation from active service. DD-214s were issued to separated service members beginning in the 1950s. The term "DD-214" is often used generically to mean "separation papers" or "discharge papers," no matter what form number was used to document active duty military service. If VA has a copy of a DD-214, it is usually because the Veteran attached a copy (or sometimes, the original) to his or her application for disability or education benefits. If the Veteran has lost his/her original DD-214 or a copy and s/he is receiving (or applied for in the past) disability or education benefits from VA, the HEC may have a copy (or the original, if sent to the HEC by the Veteran) on file. At the very least, if the Veteran is currently receiving benefits (or did in the past), the HEC should be able to provide a Statement of Service, which can be used instead of a"DD-214."

DD-215**:** A corrected version of the DD-214.

Dependent**:** Individual relying on or requiring the aid of another for support.

deprecate**:** disapprove, to downgrade the importance of

Discharge Type**:** This is the type is discharge type the Veteran received when released from military duty.

DOB**:** Date of Birth

DoD/DOD**:** Department of Defense (DoD) or Date of Death (DOD)

**E**

EE**:** Eligibility/Enrollment

EED**:** Eligibility, Enrollment Division

EGT**:** Enrollment Group Threshold

Electronic Health Record (EHR): EHR is an electronic version of a patient’s medical history that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.

Enrollment**:** The process for providing beneficiaries access to VA healthcare benefits covered by the medical benefits package.

Enrollment Group Threshold**:** EGT is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion. These settings are used to determine which priority groups (and/or subgroups) are eligible for enrollment into the VA healthcare system.

Enrollment System (ES)**:** ES is the Health*e*Vet replacement system for the product known as HEC Legacy. It is both a re-host of HEC Legacy and in some instances (use cases/features), a re-engineering. ES allows staff at the HEC to work more efficiently and determine patient eligibility in a more timely manner. ES encompasses all enrollment management applications within the EHBD. (see) Health Eligibility Case Management System (HECMS)

Enterprise Health Benefits Determination (EHBD)**:** The program within Veterans Relationship Management (VRM) that manages all aspects of health benefits determinations, including but not limited to Veteran self-service applications, web services, data collection and sharing, verification of military service and benefits, and Veterans communications.

Environmental Contaminants**:** Also known as 'SW Asia Conditions', this refers to a Veteran's exposure to environmental contaminants while serving in the military.

ESR**:** Enrollment System Redesign, a.k.a., Health Eligibility Case Management System (HECMS), now known as the Enrollment System (ES).

**G**

Geographic Mean Test Threshold**:** GMT Threshold dollar amount is the income GMT threshold as determined by the system for area in which the Veteran lives. This threshold is derived by a look up of the Department of Housing and Urban Development (HUD) indices table. The threshold amount is computed as FIPS code + MSA code for the # of dependents.

GMT**:** Geographic Means Test

GWOT**:** Global War on Terror

**H**

Hardship Determination**:** A Hardship Determination is an exemption from copays for a determined period of time. This can be due to a loss of income for that income year.

HB**:** (see) Housebound

HBP**:** (see) Health Benefits Plan

Health Benefits Plan**:** VHA has initiated the *Health Benefits Plan* (HBP) that associates the authority for care to the provisioning of healthcare services, while providing Veterans and their families with an accurate description of the benefits to which they are eligible. The creation of Veterans HBPs removes the subjectivity associated with and the interpretation of benefits and reduces the need to have VA staff continually interpret benefits for Veterans and their families.

Health Eligibility Case Management System**:** (see) ES, a.k.a. Enrollment System.

Healthcare Reform/Affordable Care Act: Effective January 1, 2014, the Affordable Care Act (ACA) requires every individual taxpayer in the United States to maintain minimum essential healthcare coverage or face a tax penalty. Enrollment in Veterans healthcare meets the Minimum Essential Coverage (MEC) threshold under 26 Code of Federal Regulations (CFR) 1.36B-2 (c)(2)(ii) of the Treasury Notice of Proposed Rulemaking (NPRM).  
The VA is required to provide the IRS with a list or file containing information on every Veteran and beneficiary that obtained MEC through the VA for a tax year.

HealtheVet**:** My Health*e*Vet is a web-based system that empowers Veterans/beneficiaries with information and tools so that they can improve their health to the maximum extent possible. Participating Veterans/beneficiaries are given copies of key portions of their electronic health records. This record is stored in a secure and private environment called an eVAult. The eVAult will be personalized with appropriate links to useful explanatory material to help Veterans/beneficiaries understand what is in their record, and what they can do to improve their health condition. Veterans/beneficiaries can also add structured medical information in the "self-entered" section of their eVAult.

HEC**:** Health Eligibility Center

HECMS**:** Health Eligibility Case Management System (see) Enrollment System

HINQ**:** Hospital Inquiry

HL7**:** Health Level Seven is one of several American National Standards Institute (ANSI) -accredited Standards Developing Organizations (SDOs) operating in the healthcare arena.

Housebound**:** Confined to one's home, usually by illness or disability.

**I**

ICD-10**:** (see) International Classification of Diseases

ICN**:** Integration Control Number

Identity Services**:** Identity Services (a.k.a. Identity Management) provides a system that creates and maintains an enterprise wide unique identity for all persons of interest for VHA.

Identity Traits**:** Identity Traits are a set of data fields that uniquely identify the beneficiary.

IdS**:** (see) Identity Services

IMDQ**:** Identity Management/Data Quality

imprecise**:** Includes only month/year or only year (as in imprecise date).

International Classification of Diseases**:** International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), code for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

IRA**:** Individual Retirement Account

IRS: Internal Revenue Service

IV**:** Income Verification

IVM**:** Income Verification Matching

**L**

LAS**:** Legal Administrative Specialist

lien**:** The right to take and hold or sell the property of a debtor as security or payment for a debt or duty.

**M**

Master Veteran Index**:** The MVI is a database that holds more than 15 million patient medical record entries. It is populated from all VA facilities nationwide. This index is the access point linking patient information for an enterprise-wide view of individual and aggregate patient information. Patients are matched within the MVI database through their unique identifier called an Integration Control Number (ICN). The use of an ICN at one or more VA sites facilitates integrated patient care, while promoting the OneVA vision.

Meaningful Use (MU): Meaningful Use is using certified Electronic Health Records (EHR) technology to:

* Improve quality, safety, efficiency, and reduce health disparities
* Engage patients and families in their health care
* Improve care coordination
* Improve population and public health
* All the while maintaining privacy and security

The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the meaningful use of certified EHR technology to improve patient care. To receive an EHR incentive payment, providers have to show that they are meaningfully using their EHRs by meeting thresholds for a number of objectives. The EHR Incentive Programs are phased in three stages with increasing requirements.

Means Test Threshold**:** Means Test (MT) Threshold is the income threshold level set within the VA for the purpose of establishing benefit levels for Veterans. The Veteran's income must fall below this dollar amount to be considered exempt from copays. These MT Thresholds are supplied each year in a VA Means Test Threshold directive that contains the attributes, start and end dates.

MEC: Minimum Essential Coverage

Medicare**:** Medicare is the federal health insurance program for: people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

Military Service Data Sharing**:** MSDS implements process improvements for accessing military service information through real-time systems components (and interfaces) that access, evaluate and utilize military service information.   
It focuses on collecting information required to definitively determine basic Veteran eligibility as well as VHA Combat Veteran eligibility and identify Veterans who have served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF).

Military Sexual Trauma**:** Sexual trauma experienced while on active duty in the military.

mortgage**:** A temporary, conditional pledge of property to a creditor as security for performance of an obligation or repayment of a debt.

MVI**:** (see) Master Veteran Index

MSDS**:** (see) Military Service Data Sharing

MSN**:** Military Service Number

MST**:** (see) Military Sexual Trauma

MT**:** Means Test

MVR/VBA**:** Master Veteran Record/Veterans Benefit Administration

**N**

NARA**:** National Archives and Records Admin.

National Defense Authorization Act (NDAA) of 2008**:** This Act extends the period of enhanced healthcare eligibility provided a Veteran who served in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.

Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

nasopharyngeal**:** Having to do with the part of the pharynx above the soft palate that is continuous with the nasal passages.

Net Worth**:** Net Worth is the sum of the Veteran's (Bank account amount + Stock and Bond amounts + Real Property Value + (Other property and assets) - Debts).

Noncompensable**:** A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.

Nonservice-Connected (NSC)**:** A Veteran who does not have a VA determined service-related condition.

Nose Throat Radium**:** Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military.

NPR**:** (see) Nose Throat Radium

**O**

OEF/OIF**:** Operation Enduring Freedom/Operation Iraqi Freedom

OPP**:** Office of Policy and Planning

outlier**:** An extreme deviation from the mean

**P**

P&T**:** (see) Permanent & Total

parsed**:** A parsed message is one that has been translated from its native ASCII format to an XML structure with named fields.

patient**:** A patient is one who receives medical attention, care, or treatment.

Permanent & Total**:** Permanent & Total indicates if the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

PH**:** Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces.

POA**:** (see) Power of Attorney

POS**:** Period of Service

POW**:** Prisoner of War

Power of Attorney**:** A legal instrument authorizing one to act as another's attorney or agent.

precise (date)**:** Consists of month, day, and year.

priority groups**:** The number of Veterans who can be enrolled in the healthcare program is determined by the amount of money Congress gives VA each year. Since funds are limited, VA sets up priority groups to make sure that certain groups of Veterans are able to be enrolled before others.

Pseudo SSN**:** Pseudo SSN is a computed value used in the place of a person’s government-issued SSN, until that person’s true SSN can be ascertained.

PSIM**:** Person Service Identity Management

PTSD**:** Post-Traumatic Stress Disorder

**Q**

QM**:** Quality Management

**R**

Radiation Exposure**:** VA provides special priority for enrollment for health-care services to any Veteran exposed to ionizing radiation in connection with nuclear device tests or with the American occupation of Hiroshima and Nagasaki, Japan, during the period beginning Sept. 11, 1945, and ending July 1, 1946. In addition, these "atomic Veterans" are eligible to participate in the VA ionizing radiation registry examination program. VA also pays compensation to Veterans and their survivors if the Veteran is determined to have a disability due to radiation exposure while in service.

REE**:** Registration/Eligibility/Enrollment

Relaxation Percentage**:** In January 2009, a new policy was introduced known as the P8 Relaxation Enhancement, which allows Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds.  
VHA requires the ability to relax this percentage even further in order to manage the number of enrollees over time. To facilitate this, a system parameter was created to store the relaxation percentage value in the event that it were to change from the then-current 10% value. However, the system parameter did not allow for the Continuous Enrollment rules to be applied correctly for each Income Year for a percentage that changed in a subsequent year.  
The solution to this restriction was to remove the *Relaxation Percentage* system parameter and provide the ability to change the *Relaxation Percentage* by income year. The change would be retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but now qualify under the new relaxation percentage.

Role**:** A Role may exist without any Capabilities and/or Capability Sets. A user may define a new Role (with correct permissions), which is generally, a group of Capabilities a user may perform.

**S**

SC**:** Service-Connected

Sensitive (Record)**:** Information that if disclosed, to the individual, may have a serious adverse effect on the individual's mental or physical health. Such information may require explanation or interpretation by an intermediary or assistance in the information's acceptance and assimilation in order to preclude an adverse impact on the individual's mental or physical health.

service-connected (SC)**:** Generally, a service-connected disability is a disability, illness, or injury that VA determines was incurred or aggravated while on active duty in the military and in the line of duty.

service number**:** This is a Veteran's unique identifier.

SHAD**:** (see) Shipboard Hazard and Defense

SHARE**:** SHARE is a VBA computer application, which HEC uses to verify the VBA benefits, including SC percentage, compensation and pension. The SHARE system retrieves data from various sources such as the BDN (Benefit Delivery Network), C&P records, BIRLS, and VBA corporate.

Sharing Agreement**:** This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

Shipboard Hazard and Defense**:** Project SHAD was part of a larger effort called Project 112, which was a comprehensive program initiated in 1962 by the Department of Defense (DoD) to protect and defend against potential chemical and biological warfare threats.

SSA**:** Social Security Administration

SSN**:** Social Security Number

surviving record**:** A surviving record is a record that is chosen to be the valid record for the patient.

SW Asia Conditions**:** Also known as 'Environmental Contaminants', this refers to a Veteran's exposure to environmental contaminants while serving in the military.

**T**

TRICARE**:** TRICARE is The Department of Defense regionally managed Healthcare program for service families.

**V**

VA**:** Department of Veterans Affairs

VADIR**:** (see) VA/DoD Identity Repository

VA/DoD Identity Repository**:** VADIR provides VA with detailed electronic information directly from DoD on separating service members.

VAMC**:** Department of Veterans Affairs Medical Center

VARO**:** VA Regional Office

VBA**:** Veterans Benefit Administration

VCG**:** (see) Virtual Content Generator

Veteran**:** A Veteran is a person who has served in the armed forces.

Veteran Financial Assessment**:** VFA provides the functionality that relieves the Veteran from the burden of the annual financial reporting obligation to maintain enrollment in VHA. VFA also reduces the workload and the potential for errors introduced by the largely manual financial assessment process at the medical centers.

Veterans Online Application**:** To enhance the health benefits enrollment capability to our nation's veterans, the Veterans Health Administration (VHA) implemented an online portal, the Veterans Online Application (VOA) to streamline the process of online submissions for VA Health Benefit applications. This is done via the exchange of 10-10EZ and 10-10EZR form data with the ES.

Veterans Relationship Management (VRM)**:** VRM is an enterprise-wide, multi-year initiative to improve a Veteran’s secure access to VBA’s benefits and services delivered, in partnership with the Veterans Health Administration (VHA) and the National Cemetery Administration (NCA). The intent is to help VA improve the speed, accuracy, and efficiency in which information is exchanged between Veterans and VA, regardless of the communications method.

VFA**:** (see) Veteran Financial Assessment

VHA**:** Veterans Health Administration

Virtual Content Generator**:** The VCG generates and displays the Veterans Benefits Handbook (VBH) based on specific requests from the ES and from Veterans online. The VCG allows for user defined content rules to be evaluated for the generation of a VBH so that each handbook is specifically tailored to the Veteran. The generation is done in near real time.

VistA**:** Veterans Health Information Systems and Technology Architecture - the system which manages clinical and business information for VA.

VOA**:** (see) Veterans Online Application

VRM**:** (see) Veterans Relationship Management

VPID**:** Veterans Affairs Person Identifier

VSSC**:** VHA Support Service Center

**W**

WD AGO**:** War Department Adjutant General's Office Form

WebHelp**:** WebHelp is an Adobe output type that is designed for authors who want to be sure that end users can view their Web-based or desktop application Help on virtually any browser and platform. Since Microsoft Windows (or a specific browser) is not required to view the output, you can publish your Help to the Web or distribute the files on a CD-ROM and be confident that end users can view the information as it is intended to display. WebHelp is an uncompiled output type that supports standard Help features (such as TOC, index, and search), but also provides a customizable appearance and quick download performance. Any combination of browser and platform can access your Help system because WebHelp automatically detects the required files to launch at run time.

# System Summary

This section provides a general overview of the system written in non-technical terminology. The summary should outline the uses of the system in supporting the activities of the user and staff.

## System Configuration

Briefly describe and depict graphically the equipment, communications, and networks used by the system. Include the type of computer input and output devices.

Please see the Systems Management Guide on the ES SharePoint [here](http://vaww.oed.portal.va.gov/sites/vrm/EHBD/ECE%20%20ESE/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvrm%2FEHBD%2FECE%20%20ESE%2FProject%20Releases%2FES%204%2E1%2FEHBD%204%2E1%20Release%20Arifacts).

## Data Flows

Briefly describe or depict graphically, the overall flow of data in the system. Include a user-oriented description of the method used to store and maintain data.

Please refer to the Production Operations Manual on the ES SharePoint [here](http://vaww.oed.portal.va.gov/sites/vrm/EHBD/ECE%20%20ESE/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvrm%2FEHBD%2FECE%20%20ESE%2FProject%20Releases%2FES%204%2E1%2FEHBD%204%2E1%20Release%20Arifacts%2FPOM).

## User Access Levels

Describe the different users and/or user groups and the restrictions placed on each for system accessibility or use.

See the *Buttons/Admin* section where *User Accounts*, *Profiles*, *Roles* and *Capability Sets* explain the different user access levels of the ES.

## Contingencies and Alternate Modes of Operation

On a high level, explain the continuity of operations in the event of emergency, disaster, or accident. Explain what the effect of degraded performance will have on the user.

Please refer to the ES Contingency Plan document on the ES SharePoint [here](http://vaww.oed.portal.va.gov/sites/vrm/EHBD/ECE%20%20ESE/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvrm%2FEHBD%2FECE%20%20ESE%2FProject%20Releases%2FES%204%2E1%2FEHBD%204%2E1%20Release%20Arifacts%2FPOM).

# Getting Started

This section provides a general walkthrough of the system from initiation through exit. The logical arrangement of the information shall enable the functional personnel to understand the sequence and flow of the system. Use screen prints to depict examples of text under each heading.

## Online Help Tutorial

ES online Help includes links along the top that display left-hand panes that include Contents, Index, Search and Glossary. Each topic also contains various methods for navigating.

Screen Shot

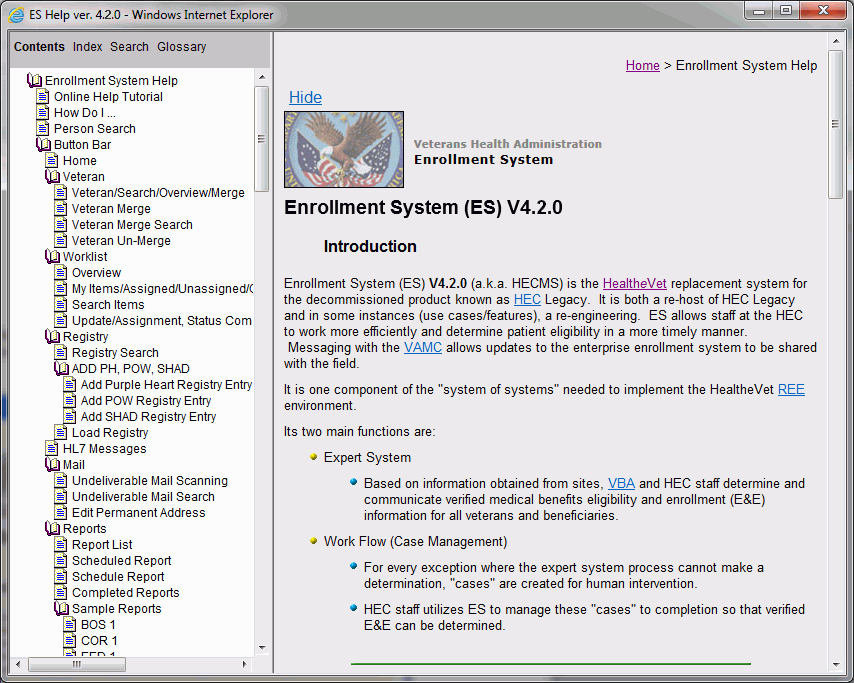


Figure : Online WebHelp System Window

ES online Help system uses WebHelp as its output. This Help system is designed to open in your default Web browser in a new window.

**Using the Help Window**

ES online Help includes the following left-hand panes. To access each pane, click the ***Contents***, ***Index***, ***Search*** or ***Glossary*** link on the toolbar.

Contents

The Contents pane displays the expanded table of contents (an online table of contents is a summary of your project with topics arranged by category) - books (Open Book) and pages/topics (Page Symbol/Topic) that represent the categories of information in the online Help system. When you click pages Page Symbol/Topic, you select topics to view in the right-hand pane.

Index

The ***Index*** pane displays a multi-level list of keywords and keyword phrases. These terms are associated with topics in the Help system and they are intended to direct you to specific topics according to your way of working. To open a topic in the right-hand pane associated with a keyword, click the keyword. If the keyword is used with more than one topic, a list of topics displays under the keyword or keyword phrase in which the keyword or keyword phrase appears.

Search

***Search*** provides a way to explore the content of the Help system and find matches to Help system-defined words.

Unlike an ***Index*** tab that lists author-defined keywords (terms, synonyms, and cross-references); the ***Search*** link lists words that are used within the content of topics. To find a topic in which the word appears, click the letter link to display the words that begin with the letter being searched for. Words that appear once are in bold. Words that appear in multiple topics are listed with numbers. Click on a number to display the topic in the right-hand pane in which the word appears.

Glossary

The ***Glossary*** pane provides a list of terms and definitions related to the subject matter in the online Help.

To access the glossary, click a letter in the top pane and see corresponding definitions that begin with the letter clicked in the lower pane.

**Other buttons and functions**

Hide/Show the left pane

To provide a larger viewing area of the open topic, you can hide the left pane.  
To hide the left pane, click the Hide link in the upper left side of the right pane.  
To show the left pane again, click the Showlink in the upper left side of the pane.

Browser Toolbar

Since there is no browser toolbar at the top of the Help window, you may right-click from within the Help window and select either **Back** or **Forward** to go back and forward through the history of visited topics, print a topic, or perform other tasks available within the Windows context-sensitive commands.

item of special interest symbolThe **Forward** command is only available if the **Back** command has been used first. At that point the **Forward** command becomes available.

You may also use the Table of Contents on the left side of the Help window to navigate through the Help system.

WebHelp Build Date

The WebHelp Build Date can be viewed by going to the *System Parameters* help topic. The build date is next to the topic title.

**Adjusting the window and pane size**

You can adjust the width and height of the Help window by dragging the edges of the window in or out.

You can adjust the width of the left pane by pointing to the right edge of the left pane until the mouse pointer turns into a line with arrows on each end: left and right arrow. With the left mouse button held down, drag the pane to the right or left.

**Navigating Help Topics**

item of special interest symbolThe following navigational techniques generally refer to the online help, where indicated, and not the written documentation:

* ***Links*** (online Help)

Text that is green and underlined or green and italicized or blue and underlined and italicized are hyperlinks that jump to another topic or Web page, or a link that displays additional information in another window. Some links "drop-down" additional text or "expand" text to the right.

The question mark symbol symbol expands to the right and wraps underneath when clicked.

References to screen fields are in green bold ***underlined*** italics (online Help). References to field selections are in **bold**. Generally speaking, references to other Help topics (screens) are hyperlinked to that topic and therefore *underlined* and in blue italics (online Help). Button references are in ***bold italic***.

A **\*** symbol indicates a required field.

A submitted field error symbol symbol is displayed when a submitted field has an error.

A data changed symbol symbol ("data changed") is displayed when some type of data has changed on the *History*, *Veteran Merge*, and user-related confirmation windows.

A item of special interest symbolindicates a note or item of special interest.

***Using Context-Sensitive Help***

As you work in the ES, you can obtain information about windows or dialogs by using the context-sensitive Help available in the application. Context-sensitive Help topics in the ES have a button Help symbol icon in the upper right-hand corner of the particular window.

Screen Shot

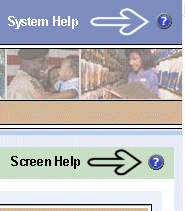


Figure : System Help vs. Screen Help

The overall Help is accessed by using the Help symbol icon button in the upper right-hand corner of the application window, which is above the context-sensitive help button.

item of special interest symbolIf you roll over the Help icons in the application, screen tips will appear distinguishing between "System Help" and "Screen Help."

## Logging On

Prior to accessing the ES application, users must authenticate with VA network credentials via the Identity and Access Management (IAM) single sign-on portal. Upon successful authentication the user is forwarded to the ES application entry page.

The system displays the Health Eligibility Center User Agreement each time a user logs into the system. This **Accept Agreement** checkbox must be checked every time a user wishes to log into the system.

Upon a user's initial login into the system, the user must also enter the **Agreement Signature Code** that was created by the system at the time the user's account was created.

On each subsequent anniversary of a user's initial login into the system, the system will prompt the user for the access code that was created by the system. In order to be granted access to the system, the user must re-enter the access code.

When the user has been successfully authenticated, the system determines the user's *Profile* information, which will be used to define the user's *Role* and permissions, and transfers (navigates) the user to the next (or first) screen, indicating the user has successfully logged in and may begin using the application.

The maximum length of time between successful logins is one year. User accounts will be automatically locked if the account is inactive for one year, users must contact the administrator to have the account reinstated.

## System Menu

This section describes in general terms the system menu first encountered by the user, as well as the navigation paths to functions noted on the screen. Each system function should be under a separate section header, 3.2.1 - 3.2.x.

This section will cover all the functionality of the ES starting with the Person Search page that initially display after a user successfully logs into the ES.

### Person Search

**Health Benefits Plans Names and Definitions**

ESR 3.12 added the ability for the ES to assign/unassign HBPs to Veterans. The HealthBenefits Plans Names and Definitions link on the online *Person Search* webhelp page allows users to access the HBP definitions without first performing a *Person Search*.

The *Person Search* screen allows searching for a patient by any combination of criteria. At minimum, the user must provide one of the following combinations:

* SSN + Last Name + First Name + Birth Sex OR
* Full/Short *VPID* OR
* Military Service Number OR
* Claim Folder Number

Once the minimum information has been entered, any combination of the remaining search criteria may be selected.

VPID cannot be used in combination with any of the other search criteria.

Search criteria data entered is not case-sensitive.

The system will present a list of matches from which user may choose or if the desired match does not appear, the user may do another search using different criteria.

After completing a Search, the system returns a Person Search Result list with matches for the search criteria used. If the name of the individual appears on the list, simply click the *SSN* link to display the patient record.

**Item of special interest symbolImportant Notes:**

* SSN-based search returns will be limited to ten.
* An even more restricted set of users will have access to the IMDQ interface that will allow user to retrieve greater than 10 results.
* There can be no update to a record if any identity traits are in a **Pending** status. If a beneficiary's record has identity-trait updates that are pending a decision, the system displays the message *Pending Identity Trait Updates* on the screen indicating that identity-trait updates are pending for this beneficiary.

SSN:

SSN is defined as the Social Security Number of the beneficiary record you're trying to find.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a *Pseudo* *SSN*.

VPID:

*VPID* is defined as the *Veterans Affairs Person Identifier* for the beneficiary record you're trying to find. This 29-character ID is unique for this person.

Example: **0000001234567890V123456000000**

The short 17-character ID version is generally used without the leading and trailing zeros.

Example: **1234567890V123456**

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal last name.

Rules...

* Beneficiary's *Last Name* and *First Name* are required fields.
* Multiple *Last Name* components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 1 and 35 characters in length.

First Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *First Name* is free text 1-35 characters in length.
* Beneficiary's *First Name* and *Last Name* are required fields.

Date of Birth:

Beneficiary's *Date of Birth* is defined as the date the Veteran was born.

Rules...

* DOB must be precise.
* DOB cannot be a future date.
* Format: (mm/dd/yyyy)

Additional Search Criteria

Military Service Number:

The *Military Service Number* is the service number assigned during the beneficiary's episodes of military service.

Claim Folder Number:

The *Claim Folder Number* is the number assigned by the VBA to the beneficiary's claim for VA benefits.

Rules...

* If *Claim Folder Number* is removed/deleted, claim folder location is removed.
* Claim Folder Number can be beneficiary's *SSN*.
* *Claim Folder Number* can be 7 - 9 numeric.
* *Claim Folder Number* is not a required field that is user supplied and occurs only once.

Middle Name:

Veteran's *Middle Name* is defined as the beneficiary's middle name.

Rules...

* No parentheses may be used.
* Beneficiary's *Middle Name* is not a required field that is user supplied.
* *Middle Name* is free text 1-25 characters in length.

Birth Sex:

*Birth Sex* can be **Male**, **Female** or **All**. Selecting **All** will display results for both male and female records.

## Button Bar

### Home

Clicking this button returns the user to the *Person Search* page, which is the page the user is directed to after initially logging into ES.

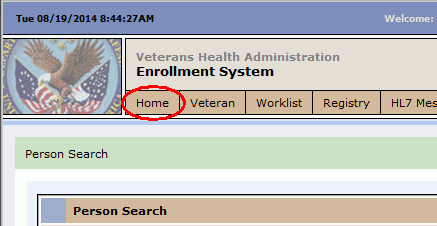


Figure : Button Bar: Home

### Veteran

#### Veteran/Search/Overview/Merge

Rolling the mouse over the ***Veteran*** button allows the user to select:

***Veteran Search*** - Person Search screen

***Veteran Overview*** - Veteran Overview screen (if Veteran previously selected)

***Veteran Merge*** - Veteran Merge screen

***Veteran Merge Search*** - Veteran Merge Search screen

***Veteran Un-Merge*** - Veteran Un-Merge screen

#### Veteran Merge

This screen enables the user to view the *Veteran Merge Worklist* that displays patient records, which PSIM/MPI have determined are potentially the same individual. This screen allows users to selectively construct a "best of breed" set of non-identity data for an individual who has been merged by Identity Management. The Identity Management function will deprecate an individual's unique identifier when that person's record has been identified as a duplicate. A single identifier for that individual is carried forward.

The user selects from the list, a pair of persons for which to merge data. The system presents groupings of data for merging. The groupings of data may be selected in any order until the user decides to merge the selected data. The user selects the individual data elements that will form the surviving record.

After making selections in all the groupings of data, the user may select ***Merge******Veteran Now*** to complete the process or the user may cancel the activity. After the ***Merge Veteran Now*** button is pushed, if something has been left unchecked on any of the selection screens, a warning message will be displayed; a selection must be made for all available data before the user can perform the data merge.

At any point in the data selection process, the user may choose to ***Discard All Selections*** for the merge activity. All selections made on previous screens for the current data pairing are discarded and the user is returned to the list of available merges.

At any point in the data selection process, the user may choose to ***Save and Merge Later*** the selections made in order to return to complete the merge at a later time. Restrictions exist as to how "partial merges" will react to updates made in other parts of the system. The user may have to begin the merging process all over again from the beginning.

Veteran Merge Worklist

Veterans That Require Merging

SSN

- patient's Social Security Number.

Last Name

- patient's *Last Name*.

First Name

- patient's *First Name*.

Middle Name

- patient's *Middle Name*.

Date of Birth

- patient's *Date of Birth*.

Birth Sex

- patient's *Birth Sex*.

Surviving Record

- this identifies which record is the surviving record and which is the deprecated record.   
  
After merging, only the surviving record will be available via the other screens or through messaging. The deprecated record will not be found by the system.

Merge Status

This indicates the status of the current merge. Initially it will be *Merge Not Started*.

More...

The user should click the *Merge Not Started* link in order to make selections in the final grouping of data, after which the user may click ***Merge Veteran Now*** to complete the merging process.  
  
When the ***Merge Veteran Now*** button is pushed, if anything has been left unchecked on any of the possible selections presented to the user, a warning message is displayed.

A selection must be made for all available data before the user can perform the data merge.

#### Veteran Merge Search

This screen enables the user to search through the *Veteran Merge Worklist* for a particular patient's records which PSIM/MPI have determined are potentially the same individual. At minimum, the user must provide one of the following combinations:

* Last Name + First Name OR
* Full SSN OR
* Full/Short *VPID* OR
* Military Service Number OR
* Claim Folder Number OR
* Last Name + Date of Birth (mm/dd/yyyy)

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. However, once a criterion has been entered, the record must match all criteria exactly.

VPID cannot be used in combination with any of the other search criteria.

Search criteria data entered is not case-sensitive.

If the desired match does not appear, the user may do another search using different criteria.

After completing a successful search, the system displays the Veteran Merge screen with a result list that matches the search criteria used. From here, the user may proceed in the same manner as described on the Veteran Merge screen.

The resulting list will contain only those records that have a Merge Status of “Merge In-Process” or “Merge Not Started” or any other Merge Status that may be contained in the Merge Table.

Veteran Merge Search

Veteran Merge Search

SSN:

*SSN* is defined as the Social Security Number of the beneficiary record you're trying to find.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a Pseudo SSN.

VPID:

*VPID* is defined as the *Veterans Affairs Person Identifier* for the beneficiary record you're trying to find. This 29-character ID is unique for this person.

Example: **0000001234567890V123456000000**

The short 17-character ID version is generally used without the leading and trailing zeros.

Example: **1234567890V123456**

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal last name.

Rules...

* Beneficiary's Last Name and First Name are required fields that are user supplied.
* Multiple Last Name components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the Last Name field.
* Apostrophes and hyphens are the only punctuation that can be used.
* Last Name must be between 1 and 35 characters.

First Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *First Name* is free text 1-35 characters in length.
* Beneficiary's *First Name* and *Last Name* are required fields that are user supplied.

Date of Birth:

Beneficiary's *Date of Birth* is defined as the date the Veteran was born.

Rules...

* DOB must be precise.
* DOB cannot be a future date.
* Format: (mm/dd/yyyy)

Additional Search Criteria

Military Service Number:

The *Military Service Number* is the service number assigned during the beneficiary's episodes of military service.

Claim Folder Number:

The *Claim Folder Number* is the number assigned by the VBA to the beneficiary's claim for VA benefits.

Rules...

* If *Claim Folder Number* is removed/deleted, claim folder location is removed.
* *Claim Folder Number* can be beneficiary's SSN.
* *Claim Folder Number* can be 7 - 9 numeric.
* *Claim Folder Number* is not a required field that is user supplied and occurs only once.

Middle Name:

Veteran's *Middle Name* is defined as the beneficiary's middle name.

Rules...

* No parentheses may be used.
* Beneficiary's *Middle Name* is not a required field that is user supplied.
* *Middle Name* is free text 1-25 characters in length.

Birth Sex:

*Birth Sex* can be **Male**, **Female** or **All**. Selecting **All** will display results for both male and female records.

#### Veteran Un-Merge

This screen displays a list of record pairs that have been designated for "un-merging." An external system must notify ES that a pair of previously merged identities have now been un-merged. This feature serves simply as a notification to the user and allows the user the option to select a record pair for deletion from the worklist.

Note that no actual data related to the person is automatically un-merged. The ES system sends a query to the deprecated person's last site-of-interest to retrieve the most current data that the particular site has. Then, any updates to that record since the merging must be manually applied.

Only the "surviving" record is available via the other screens or through messaging. The deprecated record will not be found by the system.

The new record has to be re-built manually. The person rebuilding the record must determine (through history and audit logs) what changes have taken place to the record since it was merged in order to bring the "un-merged" record up to date.

While a pairing is actively being worked, no other user can gain access to the record; the record is locked.

Veteran Un-Merge Worklist

Veterans That Require Un-Merging

SSN

... patient's Social Security Number

Last Name

... patient's *Last Name*

First Name

... patient's *First Name*

Middle Name

... patient's *Middle Name*

Date of Birth

... patient's *Date of Birth*

Birth Sex

... patient's *Birth Sex*

Removal Selections

Place a check mark in the box by a list of pairs that have been designated for "un-merging" to select a record pair for deletion from the worklist.

Place a check mark in the *Removal Selections* check box to select all pairs.

### Worklist

#### Worklist

Clicking the ***Worklist*** button presents the user with the *My Items* screen. From here the user may select from the following tabs:

smallyellow Overview

The Worklist *Overview* screen presents a summary of the user's worklist items broken down by the following:

* My Items
* Assigned Items
* Unassigned Items

smallyellow My Items (Default Screen)

*My Items* contains a list of the user's *Items* assigned to them and is categorized by *Name*, *SSN*, *Item*, *Item Type*, *Create Date*, *Assign Date*, and *Due Date*.

smallyellow Assigned Items

Displays all *Assigned Items* and to whom they are assigned.

smallyellow Unassigned Items

Displays all *Unassigned Items*.

More...

The system does not automatically assign *Work Items* when the item is created. In other words, all *Work Items* created by the system are assigned, by default, to the *Unassigned* pool.

Item of special interest symbol**Note**: If a user updates the *Status* of or manually closes/resolves an *Unassigned WorkItem*, the system automatically assigns the selected *Work Item* to that user.

smallyellow Search Items

*Search Items* allow users to search for items by a variety of criteria.

smallyellow Open Items (only if Open Items exist for beneficiary)

This tab is present if Veteran-specific *Open Items* (unresolved items) exist for the patient.

A *Worklist* is created when a *Work Item* *Type* such as a Consistency Check error or an Application Error is created. Additionally, the system will create a *Case* for a person and will associate one or more *Work Items* to the *Case*. In other words, while multiple *Items* may exist for a person, only one open *Case* exists for that same person, at one time.

Users can view a list of *Work* *Items* assigned to them or *Unassigned Items*. Any user can view any *Unassigned* *Item*.

*Items* cannot be edited by anyone other than the assigned person. However, anyone can add *Comments* to any *Assigned* *Item*.

Supervisors and/or Team Leaders may use this list to choose *Items* for assignment to a DQ analyst or LAS.  Additionally, the DQ analyst or LAS can use these screens to assign an *Item* to themselves. Users can manually assign *Unassigned Items* within their own functional group to themselves. However, only supervisors can move *Work Items* across functional groups, assign and re-assign any *Item* at any time. Cross-functional re-assignment of an *Item* must be to the respective supervisor. Multiple *Work Items* can be assigned or re-assigned at the same time.

When the last remaining *Item* for the *Case* is closed, the system will close the *Case* as well. *Items* and *Cases* that are closed or resolved become historical and can be viewed (but not edited) by entering the *Update Assignment, Status and Comments* screen. This screen is displayed by clicking the *Item Number* link from either the *My Items*, *Assigned Items*, *Unassigned Items* or *Open Items* screens. From this screen the user may view comments that have been recorded about an *Item* or the person (*Case*) as well as historical information about the status or life cycle of an *Item* and/or historical information about the user or users who were assigned to "resolve" the *Item*. Only current (today's date) comments can be edited by the user who recorded the comment.

*Items* may be sorted by any column that is displayed to the user in the *Worklist* by clicking the column heading (with the sorting arrows symbol) once, then again to reverse the sort.

At the top of each *Overview*, *My Items*, *Assigned Items*, *Unassigned Items*, *Search Items,* and *Open Items* screen is a *Search* dropdown box and a text box, which allow for refining and filtering the user's work items search by using a single criteria. Also at the top of each *My Items*, *Assigned Items*, *Unassigned Items* screen is a *Show Worklist Filter* link. Clicking this link displays a list of various criteria, which a user may utilize to further 'filter' the particular items list.

The *Search Items* tab allows for more advanced search capabilities, allowing multiple search criteria.

Item of special interest symbolIt should be noted that items do not include any *Cases* or *Items* related to Income Verification.

#### Worklist Overview

The *Worklist Overview* screen presents a summary of the user's work items broken down by the following:

Overview

My Items:

This number represents the number of *Items* assigned to the user. The number of *Items* that are overdue is non-functional at this time.

Assigned Items:

This number represents the total number of *Items* that are assigned. The number of *Items* that are overdue is non-functional at this time.

Unassigned Items:

This number represents the total number of *Items* that are unassigned. The number of *Items* that are overdue is non-functional at this time.

More...

Item of special interest symbol**Note**: If a user updates the *Status* of or manually closes/resolves an *Unassigned Work Item*, the system automatically assigns the selected *Work Item* to that user.

#### Worklist/My Items/Assigned Items/Unassigned Items/Open Items

The *My Items* worklist screen allows the user to view his/her own *Work Items* that have been assigned to them either by their supervisor or themselves. This screen also allows supervisors to reassign their *Work Item(s)* to someone else within your own functional group. Users may also reassign someone else's *Work Item(s)* within their own functional group to themselves and/or Close their own *Work Item(s)*.

Click on the Show Worklist Filter link to display fields, which allow the user to filter the work items using a combination of criteria. Click Hide Worklist Filter to hide the filter criteria.

Item of special interest symbol**Note**: Any *Item(s)* can be moved across functional groups. Supervisors can assign and re-assign any *Work Item(s)* at any time. However, cross-functional re-assignment of an *Item* must be to that functional group's supervisor. However, cross-functional re-assignment of an *Item* to the DQ functional group can be made to a DQ supervisor or to the DQ *Unassigned* pool.

***Show Worklist Filter***

VPID:

To see only cases associated with a particular *VPID*, enter only the *VPID*.

*VPID* is defined as the Veterans Affairs Person Identifier for the beneficiary's record you're trying to find. This 17-character ID is unique for this person.

Item Number:

Enter the unique *Item Number* for the item that is assigned by the system.

Create Date Range:

Enter the date on which the *Workload Item* was created.

Format (mm/dd/yyyy)

SSN:

Enter the beneficiary's social security number.

Item Type:

Enter the *Item Type* for the Work item.

Choose from the dropdown.

Assigned Date Range:

Enter the date the *Work Item* was assigned to an individual to "resolve".

Format (mm/dd/yyyy)

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Clicking the Hide Worklist Filter link will hide the worklist filter criteria.

My Items

|  |  |  |
| --- | --- | --- |
| ***Assign Selected Items to:***  This option is only available to supervisors and allows assigning and/or re-assigning *Work Items* to users within their own functional group or to a supervisor within another functional group. |  | ***Update Selected Items:***  A supervisor can close any *Work Item* at any time by selecting **Close Selected Items** from the dropdown.  An LAS or DQ analyst can only close *Work Items* that are assigned to them or an *Item* that is unassigned.  An LAS or DQ analyst can also assign a *Work Item(s)* to themselves by selecting **Assign Selected Items to Me** from the dropdown on the *Unassigned Items* or *Assigned Items* pages. |

Case(VPID)

*Case(VPID)* is the patient's VPID for whom the Worklist *Case* has been created.

Clicking the *Case(VPID)* link takes the user to the *Veteran Overview* screen from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status and Comments* screen.

Item Type

These are the codes (types) that indicate specific subsets of worklist categories.

More...

***Case Types***

* Application Exception
* Consistency Check
* Demographics, including preferred facility
* Duplicate Records (beneficiary, spouse and dependents)
* Enter/Edit Enrollment Application Date
* Eligibility Update
* Enrollment Override (EGT Override)
* Enrollment Update (Cancel/Decline)
* Financial Assessment Editing
* Military Service Data
* Purple Heart
* Review File

Create Date

This is the date on which the Work Item was created by the system.

Assigned Date

This is the date the *Work Item* was assigned to an individual to "resolve".

Select

This checkbox, when selected, allows the user to Close the particular *Work Item*.

Rules...

* A user can manually assign unassigned *Work Items* only within their own functional group to themselves.
* Multiple *Work Items* can be assigned or re-assigned at the same time.

Assigned Items

The *Worklist/Assigned* screen presents a summary of *Work Items* that have been assigned and to whom. This screen also allows supervisors to reassign any *Work Item(s)* to someone else within their own functional group. Users may also reassign someone else's *Work Item(s)* within their own functional group to themselves and/or Close their own *Work Item(s)*.

Case(VPID)

Case(VPID) is the patient's VPID for whom the Worklist Case has been created.

Clicking the Case(VPID) link takes the user to the *Veteran Overview* screen from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status and Comments* screen.

Item Type

These are the codes (types) that indicate specific subsets of worklist categories.

More...

***Work Item Types***

* Application Exception
* Consistency Check
* Demographics, including preferred facility
* Duplicate Records (beneficiary, spouse and dependents)
* Enter/Edit Enrollment Application Date
* Eligibility Update
* Enrollment Override (EGT Override)
* Enrollment Update (Cancel/Decline)
* Financial Assessment Editing
* Military Service Data
* Purple Heart
* Review File

Create Date

This is the date on which the *Work Item* was created by the system.

Assigned Date

This is the date the *Work Item* was assigned to an individual to "resolve".

Assigned To

This is the person to whom the *Work Item* was assigned.

Select

This checkbox, when selected, allows the user to Close the particular *Work Item*.

Rules...

* A user can manually assign unassigned *Work Items* only within their own functional group to themselves.
* Multiple *Work Items* can be assigned or re-assigned at the same time.

Unassigned Items

The *Worklist/Unassigned Items* screen displays all *Work Items* that have been created but not yet assigned. This screen also allows supervisors to assign any *Work Item(s)* to any user(s) within their own functional group. Users may also assign any *Unassigned* *Work Item(s)* within their own functional group to themselves and/or Close *Work Item(s)*.

Item of special interest symbol**Note**: If a user updates the *Status* of or manually closes/resolves an *Unassigned Work* *Item*, the system automatically assigns the selected *Work Item* to that user.

Case(VPID)

*Case(VPID)* is the patient's VPID for whom the Work *Case* has been created.

Clicking the *Case(VPID)* link takes the user to the *Veteran Overview* screen from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the *Item Number* link takes the user to the *Update Assignment, Status, Comments* screen.

Item Type

These are the codes (types) that indicates specific subsets of worklist categories.

More...

Work Item Types

* Application Exception
* Consistency Check
* Demographics, including preferred facility
* Duplicate Records (beneficiary, spouse and dependents)
* Enter/Edit Enrollment Application Date
* Eligibility Update
* Enrollment Override (EGT Override)
* Enrollment Update (Cancel/Decline)
* Financial Assessment Editing
* Military Service Data
* Purple Heart
* Review File

Create Date

This is the date on which the Work Item was created by the system.

Select

This checkbox, when selected, allows the user to Close the particular Work Item.

Rules...

* A user can manually assign unassigned Work Items only within their own functional group to themselves.
* Multiple Work Items can be assigned or re-assigned at the same time.

**Open Items** (only if *Open Items* exist for beneficiary)

The *Open Work Items* worklist represents a portion (items) of a beneficiary's unresolved *Work Case*.

The system will create a *Work Item* for each Consistency Check (CC) error and/or Application Error (AE). Additionally, the system will create a *Case* for a person and will associate one or more *Work Items* to the *Case*. In other words, while multiple items may exist for a person, only one *Case* exists for that particular individual.

When all items for a *Case* are resolved or closed, the *Case* is also closed. *Open Items* are unresolved.

Case(VPID)

Case(VPID) is the patient's VPID for whom the Work Case has been created.

Clicking the Case(VPID) link takes the user to the *Veteran Overview* screen from where the user can see an overall view of data for the patient.

Item Number

This is a unique number for the item assigned by the system. Clicking the Item Number link takes the user to the *Update Assignment*, *Status* and *Comments* screen.

Item Type

These are the codes (types) that indicate specific subsets of worklist categories.

More...

Work Item Types

* Application Exception
* Consistency Check
* Demographics, including preferred facility
* Duplicate Records (beneficiary, spouse and dependents)
* Enter/Edit Enrollment Application Date
* Eligibility Update
* Enrollment Override (EGT Override)
* Enrollment Update (Cancel/Decline)
* Financial Assessment Editing
* Military Service Data
* Purple Heart
* Review File

Create Date

 This is the date on which the *Work Item* was created by the system.

Assigned Date

This is the date the *Work Item* was assigned to an individual to "resolve."

Assigned To

This is the person to whom the *Work Item* was assigned.

Select

This checkbox, when selected, allows the user to Close or Re-assign the particular *Work Item*.

Rules...

* A user can manually assign unassigned *Work Items* only within their own functional group to themselves.
* Multiple *Work Items* can be assigned or re-assigned at the same time.

#### Work/Search Items

The *Worklist/Search* *Items* screen allows users to search for *Work Items* by way of a variety of criteria. The *Search Results* page displayed is dependent on the search criteria selected.

Worklist Items Search

Functional Group:

Use the dropdown to select the particular *Functional Group*.

Item Type:

Use the dropdown to select the *Item Type* for the *Work Item*.

Assigned To:

Use the dropdown to select the user to whom the *Work Item* is assigned.

Status:

Use the dropdown to select the current *Status* for the *Work Item*.

Assigned Date Range:

Enter a date range in which the *Work Item* was assigned to the user specified in the *Assigned To* field or to anybody if the *Assigned To* field is left blank.

Rules...

* The starting date must be before or the same as the ending date.
* Format (mm/dd/yyyy)

Create Date Range:

Enter a date range in which the *Work Item* was created by the system.

Rules...

* The starting date must be before or the same as the ending date.
* Format (mm/dd/yyyy)

VPID:

Enter the Full/Short VPID for the person being searched.

SSN:

Enter the *SSN* (includes *Pseudo SSN*) for the person being searched.

Rules...

* It is 9 numeric.

Last Name:

Enter the person's *Last Name* for whom the *Work Item* was created.

First Name:

Enter the person's *First Name* for whom the *Work Item* was created.

#### Worklist/Items/Update Assignment, Status, Comments

The *Open Items/Assignment, Status, Comments* worklist screen allows the user to update the work item assignment, status, and add comments.

Update Assignment, Status, Comments (allows updating assignment, status, adding comments)

Assign Item to Me: (LAS/DQ Analyst View)

User may place a check mark in the box to assign/re-assign the *Work Item* to him or herself.

Assign To: (Supervisor's View)

Select individual to whom the *Item* is to be assigned/reassigned.

Status:

User may select a different *Status*.

More...

If the user updates the status of an *Unassigned Work Item*, the system automatically assigns the selected *Work Item* to the user.

Comments:

Add relevant comments.

Work Item Detail (displays current information as shown below for the work item)

Item Number:

The unique number assigned to the *Item*.

Status:

This is the current *Status* of the *Item*.

Functional Group:

This may be either the EE or DQ *Functional Group*.

Item Type:

These are the codes (types) that indicate specific subsets of worklist categories.

Name:

The patient's *Name.*

Clicking the *Name* link takes the user to the *Veteran Overview* screen from where the user can see an overall view of data for the patient.

Facility:

The site where the workload was logged.

Create Date:

The date the original *Item* was created.

Assigned Date:

The date the *Item* was Assigned.

Due Date:

The *Due Date* assigned to the *Item* (optional).

Assigned To:

The current user to whom the *Item* is assigned.

SSN:

The patient's Social Security Number.

Created By:

The original creator of the *Item*.

Last Assignor:

The user who most recently assigned the *Item*.

Comments (displays comment history for the *Work Item*)

Comment Date - shows date of comment (most recent first).

Comment By - displays User ID of person who made the comment.

Comment - displays most recent comment.

Status History (shows the status history for the *Work Item*)

Status Date - displays date Status changed.

Status - displays what the Status was changed to on the date shown.

Assignment History (shows the assignment history for the *Work Item*)

Assignment Date - this is the date the assignment was made. Default is most recent first.

Assigned To - the user to whom the Item was assigned.

Assigned By - the user who made the assignment.

### Registry

#### Registry Search

*Manage Registry* provides the user the ability to maintain Veteran records on each of three special registry files: the Purple Heart (PH) registry, Prisoner of War (POW) registry, and Shipboard Hazard and Defense (SHAD) registry. Each registry file contains information on Veterans that have been confirmed, or were once confirmed but are no longer, by the HEC to fall into any of these special categories.

When the user elects to perform registry file maintenance, the system displays the list of registry files that are available. The user must select a specific registry file to display and maintain the specifics of the selected registry.

After performing a *Registry Search* the screen will display links allowing the user to ADD PURPLE HEART REGISTRY ENTRY, ADD POW REGISTRY ENTRY or ADD SHAD REGISTRY ENTRY.

**Registry Search -**

The user may search through a registry for a specific Veteran record. The user may search the registry file by one or a combination of the following fields:

SSN:

*SSN* is defined as the Social Security Number of the person's record you're trying to find.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a *Pseudo* *SSN*.

And/Or

Last Name:

Veteran's *Last Name* is defined as the Veteran's family name.

Rules...

* Free text 1-35 characters in length.

And/Or

Military Service Number:

*Military Service Number* is the service number assigned during the Veteran's episodes of military service.

**Optional Search Criteria**

Registry Type: Purple Heart Registry, Prisoner of War Registry, SHAD Registry, All

First Name or Initial:

Veteran's *First Name* is defined as the Veteran's given name. The initial may also be used.

Rules...

* Free text 1-35 characters in length.
* optional, in combination with *Last Name*.

User may also:

* ADD PURPLE HEART REGISTRY ENTRY
* ADD POW REGISTRY ENTRY
* ADD SHAD REGISTRY ENTRY

To perform a *Registry Search*, user must enter either an *SSN*, and/or a *Last Name*, and/or a *Military Service Number*. Optionally, *First Name* may be entered. System defaults to *Registry Type* **All**.

For each Veteran in the desired registry, the system will display the information below. The display of Veteran information may be sorted by any of the fields displayed by clicking the field name heading with the sorting symbol symbol next to it.

The user must select a registry record by clicking on the SSN hyperlink to view the detail or to edit that record. When a record is selected from the search results for which eligibility data exists in ES, the system displays the *Current Eligibility* screen to allow viewing or updating the registry-relevant information.

Registry Search Results

Social Security Number

Last Name

First Name

Middle Name

Registry

* Purple Heart Indicator (only if searching PH registry or All)
* POW Indicator (only if searching POW registry or All)
* SHAD Indicator (only if searching SHAD registry or All)

Eligibility Record? (Yes or No)

#### ADD PH, POW, SHAD

##### Add Purple Heart Registry Entry

This screen allows the user to Add a PH Registry entry for a Veteran who is not already in the system. For Veterans who are already in the system, users should perform a *Veteran Search* and then enter/update the data on the appropriate *Eligibility* or *Military Service* screen.

User may add more than one *Military Service Number* by clicking the ***Add Another* *Military Service Number***button. When modifying or updating a PH Registry entry, user may add more than one PH Document by clicking the ***Add New Document*** button.

When identity trait updates are pending, user can only view data. The system prevents any updates or edits to the beneficiary information.

**View History**

(Purple Heart Indicator:)

If there is no current Purple Heart data and the user is logging receipt of a new document claiming PH for the first time, the system will set the *Purple Heart Indicator* to **Yes**.

When the *Document Acceptable* Indicator is set to **Yes**, and the *Document Type* and a *PH Data Source* are entered and committed, the system automatically sets the *Purple Heart Indicator* to **Yes** and the *PH Status* to **Confirmed**.

required field symbolSSN:

*SSN* is the Social Security Number of the Veteran.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a *Pseudo* *SSN*.
* The following *SSN* can never be possible (according to SSA).

123456789

* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

Military Service Number:

Military Service Number is the service number assigned during the Veteran's episodes of military service.

Rules...

* Military Service Number must be between 1 and 15 characters.

Prefix:

Prefix is the title supplied for the Veteran such as Ms, Mrs.

Rules...

* This is a free text field 1-10 characters.
* Veteran title is not a required field that is user supplied and occurs once (one per Veteran).

required field symbolFirst Name:

*First Name* is the Veteran's given name.

Rules...

* Free text 1-25 characters in length.
* *First Name* is a required field that is user supplied.

Middle Name:

*Middle Name* is the Veteran's middle name.

Rules...

* Free text 1-25 characters.
* *Middle Name* is not a required field that is user supplied.

required field symbolLast Name:

Veteran's *Last Name* is the Veteran's family name.

Rules...

* Free text 1-35 characters in length.
* Veteran's *Last Name* is a required field that is user supplied.

Suffix:

*Suffix* is the suffix for the Veteran's name such as Junior, III.

Rules...

* This is a free text field 1-10 characters.
* *Suffix* is not a required field that is user supplied and occurs once (one per Veteran).

Degree:

Degree is the degree associated with this name such as Dr., PhD.

Rules...

* Format is 1-10 characters in length.
* Degree is not a required field that is user supplied.

required field symbolPurple Heart Status:

This is the status assigned to the Veteran if the *Purple Heart Indicator* is **Yes**.

Choices are:

* Confirmed
* In Process
* Initial Ltr Sent
* Pending
* Rejected

(Status Update Date:)

This is the date the *PH Status* was last updated (system generated). Defaults to the current date.

The system automatically sets the PH *Status Update Date* anytime the *Purple Heart Status* changes.

Rejected Remarks:

This is a remark for why PH was rejected (PH Indicator is **No**).

Choices are:

* Entered in Error
* No Document Received
* Unacceptable Documentation
* Undeliverable Mail
* Unsupported Purple Heart
* VAMC

Purple Heart Facility:

This is the PH facility associated with the PH entry. Choose from the dropdown list.

Assigned LAS:

This is the individual LAS who is assigned to verifying the PH status. Select from the dropdown.

Purple Heart Documents

required field symbolDocument Type:

PH *Document Type* is defined as the type of document sent to the HEC as proof that Veteran was awarded the PH.

Valid types are:

* DD-214
* DD-215
* Military Orders of Award
* Other Official Service Records
* VBA/DoD File
* WD AGO Forms

Rules...

* PH *Document Type* is required if the *Document Acceptable* indicator is **Yes**.

required field symbolData Source:

*Data Source* is the source from which the PH documentation was received and/or reported.

Choices include:

* DOD
* Other
* Site
* VBA
* Veteran

Document Received Date:

Enter here the date the PH documentation was received at the HEC.

Rules...

* *Document Received Date* must be the current date or a date in the past. It cannot be a future date.
* *Document Received Date* must be a precise date.
* Format: (mm/dd/yyyy)

(Document Log In Date:)

This is the date that a user has entered the initial PH processing data for a Veteran record. User has also entered the date the document was received and assigned a contact representative to the PH case.

The system automatically captures the *Document Log In Date* when the *Document Received Date* and *Assigned LAS* are entered and committed.

*Document Log In Date* defaults to the current date.

(Document Logged In By:)

This is the user name of the person who initiated logging in of the PH documentation. It's the person who entered the date the document was received and assigned the case to a contact representative.

required field symbolDocument Acceptable:

This is the value of **Yes** or **No** if the document received from a site or the Veteran has met the criteria defined in the VHA Directive.

Unacceptable Remark:

This is a free text field that allows the user to comment on why a document was unacceptable independent of which letter has been sent.

The user may enter *Unacceptable Remarks* for each time a new document is received by the HEC and the *Document Received Date* is captured.

Rules...

* *Unacceptable Remarks* is free text with a character length 0 - 200.

(Updated By:)

This displays the user who last updated the PH record (system generated).

(Update Date/Time:)

This displays the date and time the PH record was last updated (system generated).

The system automatically sets the *Update Date/Time* any time the PH information is updated.

**required field symbol** Indicates Required Field

##### Add POW Registry Entry

This screen allows the user to Add a POW Registry entry for a Veteran who is not already in the system. For Veterans who are already in the system, users should perform a *Veteran Search* and then enter/update the data on the appropriate *Eligibility* or *Military Service* screen.

User may add more than one *Military Service Number* by clicking the ***Add Another* *Military Service Number***button. The Veteran can have none, one, or many POW Episodes. To add another POW Episode, click the ***Add POW Episode*** button.

**View History**

required field symbol(POW Indicator:)

The system automatically sets the *POW Indicator* to **Yes** when the POW Episode information is entered or updated to reflect the Veteran has been a POW.

SSN:

*SSN* is the Social Security Number of the patient.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a *Pseudo* *SSN*.
* The following *SSN* can never be possible (according to SSA).

123456789

* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

Military Service Number:

*Military Service Number* is the service number assigned during the Veteran's episodes of military service.

Rules...

* Military Service Number must be between 1 and 15 characters.

Prefix:

*Prefix* is the title supplied for the Veteran such as Ms, Mrs.

Rules...

* This is a free text field 1-10 characters.
* Veteran title is not a required field that is user supplied and occurs once (one per Veteran).

required field symbolFirst Name:

*First Name* is the Veteran's given name.

Rules...

* Free text 1-25 characters in length.

Middle Name:

*Middle Name* is the patient's middle name.

Rules...

* Free text 1-25 characters.
* *Middle Name* is not a required field.

required field symbolLast Name:

Veteran's *Last Name* is the Veteran's family name.

Rules...

* Free text 1-35 characters in length.

Suffix:

Enter a suffix for the Veteran’s name such as Junior, III.

Rules...

* This is a free text field 1-10 characters.
* *Suffix* is not a required field that is user supplied and occurs once (one per Veteran).

Degree:

*Degree* is the degree associated with this name such as Dr., PhD.

Rules...

* Format is 1-10 characters in length.
* *Degree* is not a required field.

Date of Death:

*Date of Death* is the deceased date for the individual (if applicable).

Rules...

* Format: (mm/dd/yyyy)

Prisoner of War Episodes

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

* DD-214
* DD-215
* WD AGO Forms
* Military Orders of Award
* Other Official Service Records
* VBA/DoD File

required field symbolPOW Source:

*POW Source* is defined as the source from which the POW documentation was received and or reported.

Please select from the dropdown.

required field symbolCapture Date:

This is the date the Veteran entered into a listed POW camp.

This data is shared with VistA.

Rules...

* *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.
* *Capture Date* must be at least a Month and Year.
* *Capture Date* cannot be a future date.
* *Capture Date* cannot be after the *Release Date*.
* format: (mm/dd/yyyy)

required field symbolRelease Date:

This is the date the Veteran was released or rescued from the POW camp.

This data is shared with VistA.

Rules...

* *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.
* *Release Date* must be at least a Month and Year.
* *Release Date* cannot be a future date.
* *Release Date* cannot be prior to the *Capture Date*.
* format: (mm/dd/yyyy)

Days in Captivity:

System calculates the difference between the *Capture Date* and the *Release Date* and displays the number here. If the *Capture Date* and the *Release Date* are the same, *Days in Captivity* will display as 1.

The system will leave the *Days in Captivity* blank if the *Capture Date* and/or *Release Date* are imprecise dates.

required field symbolConfinement Location:

This is the *Confinement Location* where the Veteran was kept as a POW. Select from the dropdown.

Examples are:

* World War I
* World War II - Europe
* World War II - Pacific
* Korea
* Vietnam
* Other
* Persian Gulf War
* Yugoslavia Conflict

Camp Location:

This is the *Camp Location* where the Veteran was kept as a POW. Select from the dropdown.

(Date Entered:)

This displays the date and time the POW data was initially entered (system generated).

(Entered By:)

This displays the user who initially entered the POW data (system generated).

ICN:

This National *ICN* is an acronym for Integration Control Number which is a unique identification number assigned by the National MPI for VA patients.

Rules...

* The format is 10 numeric.

(Updated By:)

This displays the user who last updated the POW record (system generated).

(Update Date/Time:)

This displays the date and time the POW record was last updated (system generated).

The system automatically sets the *Update Date/Time* any time the POW Information is updated.

required field symbol Indicated Required Field

##### Add SHAD Registry Entry

This screen allows the user to Add a SHAD Registry entry for a Veteran who is not already in the system. For Veterans who are already in the system, users should perform a *Veteran Search* and then enter/update the data on the appropriate *Eligibility* or *Military Service* screen.

User may add more than one *Military Service Number* by clicking the ***Add Another* *Military Service Number***button.

**View History**

required field symbol(SHAD Indicator:)

If there is no current SHAD data and the user is logging receipt of a new document claiming SHAD for the first time, the system will set the *SHAD Indicator* to **Yes**.

required field symbolSSN:

*SSN* is the Social Security Number of the patient.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a *Pseudo* *SSN*.
* The following *SSN* can never be possible (according to SSA).

123456789

* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* The *SSN* cannot be all ones, twos,  threes, fours, fives, sixes, sevens, eights or nines.
* *SSN* is a required field that is user supplied and can be a multiple.

Military Service Number:

*Military Service Number* is the service number assigned during the Veteran's episodes of military service.

Rules...

* Military Service Number must be between 1 and 15 characters.

Prefix:

*Prefix* is the title supplied for the Veteran such as Ms, Mrs.

Rules...

* This is a free text field 1-10 characters.
* Veteran title is not a required field that is user supplied and occurs once (one per Veteran).

required field symbolFirst Name:

*First Name* is the Veteran's given name.

Rules...

* Free text 1-25 characters in length.
* *First Name* is a required field that is user supplied (one per Veteran).

Middle Name:

*Middle Name* is the patient's middle name.

Rules...

* Free text 1-25 characters.
* *Middle Name* is not a required field that is user supplied (one per Veteran).

required field symbolLast Name:

Veteran's *Last Name* is the Veteran's family name.

Rules...

* Free text 1-35 characters in length.
* Veteran's *Last Name* is a required field that is user supplied (one per Veteran).

Suffix:

Enter a suffix for the Veteran’s name such as Junior, III.

Rules...

* This is a free text field 1-10 characters.
* *Suffix* is not a required field that is user supplied and occurs once (one per Veteran).

Degree:

*Degree* is the degree associated with this name such as PhD, M.D.

Rules...

* Format is 1-10 characters in length.
* Degree is not a required field that is user supplied and can be multiple.

Claim Number:

A number is automatically assigned by the VBA to each individual's claim for VA benefits.

***More...***

The claim number is a 7-8 character unique number utilized by the VBA prior to its conversion to use of the SSN. The data field will accept either this 7-8 character unique number or the SSN. A claim number is established only if the beneficiary has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.

A *Pseudo SSN* is not appropriate for this field.

SHAD Documents

required field symbolDocument Type:

This is the type of documentation that supports the Veteran's SHAD claim.

* VBA Letter - this would be a letter from the Veterans Benefit Administration supporting the Veteran's SHAD claim.

Document Received Date:

Enter here the date the SHAD documentation was received at the HEC. System defaults *Document Received Date* to the current date.

Rules...

* *Document Received Date* must be the current date or a date in the past. It cannot be a future date.
* *Document Received Date m*ust be a precise date.
* Format: (mm/dd/yyyy)

(Updated By:)

This displays the user who last updated the SHAD record (system generated).

(Update Date/Time:)

This displays the date and time the SHAD record was last updated (system generated).

The system automatically sets the *Update Date/Time* any time the SHAD information is updated.

**required field symbol** Indicates Required Field

#### Load Registry

*Load Registry* function allows loading registry records from an external input file (external to the ES system). Prior to initiating the loading activity, the input data must be transformed to conform to a pre-determined file format.

**Item of special interest symbol**A user must have the appropriate *Capability* added to their security *User Profile* in order to edit and/or view the *Load Registry* data. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

**Registry File Load Statistics**

Load Registry Records

required field symbolRegistry Type:

Choose from the following registry types:

* Prisoner of War
* Purple Heart
* SHAD

After the *Load Registry* completes, the *Registry File Load Statistics* information displays.

***More...***

The system checks the selected input file for consistency in data type and length with data definitions for existing data in the registry files.

In other words, if there are alpha entries where numbers should be or vice versa, the system will show an exception. Code data is also checked.

Rules...

* Only one *Registry Type* may be loaded per execution.

Registry File Load Statistics

Registry Import Date:

This is the date and time of the registry import.

Registry Import Type:

Registry Import Type is one of the three import registry types; Purple Heart, Prisoner of War, or SHAD.

Number of Records Read:

This is the number of registry records read.

Number Passing Consistency Check:

This is the number of records in the selected registry input file that successfully passed consistency checks for data type and length with data definitions for existing data in the registry files.

Number Not Matched to Existing Registry Records:

When person-identifying information on the registry input file is not successfully matched against a person already on the registry, the system does not consider this a match.

Number Ambiguously Matched:

When trying to match a record on the registry input file against an existing person in the registry, an input record will be considered to be "ambiguously matched" if the SSN on the input file matches that on the registry, but none of the other person-identifying information (Last Name, First Name, month/year of birth) matches.

Number of New Registries Inserted:

When the individual's identifying data on the registry input file cannot be matched against an existing registry record, the system will add a registry record.

Number Matched to Existing Registry Records:

When person-identifying information on the registry input file is successfully matched against a person already on the registry, the system considers this a match.

**required field symbol** Indicates Required Field

### HL7 Messages

This function maintains a log of HL7 messages sent by the ES application or received from external systems and enables users to perform an HL7 Message Search based on a certain date or date range as well as other criteria. The user may search by the following parameters:

HL7 Message Search

Transmission Date:

The date/time the transmission was made to this site or received from this site.

Format: (mm/dd/yyyy)

OR

Transmission Date Range:

Enter a date range for the particular site.

Format: (mm/dd/yyyy)

Facility:

From the dropdown, select the name of the particular facility from which or to which the message was transmitted.

Transmission Type:

Transmission type is the name of a specific message format. This is a combination of the message type (i.e., ORU, QRY) and the event type code (i.e., Z05, Z07) for HL7 messages. Select from the dropdown.

Transmission Status:

Select the desired status for the transmission. Acceptable statuses are:

* Awaiting Acknowledgement - message transmitted, acknowledgement pending.
* Awaiting Transmission - message built and triggered but waiting to be sent out or processed in.
* Complete - message transmitted, acknowledgement received.
* Error - message transmitted and application acknowledgement returned with an error.
* Not Transmitted - the outbound message transmission/query was attempted. However, after several tries (as defined by the DBA) the message was never successfully transmitted.
* Pending - query transmitted and awaiting requested message response.
* Retransmission Failed
* Retransmit - message requires retransmission.

The system displays a list of messages from the transmission log that match the user's criteria. The system displays the following information for each message:

HL7 Message Log

Transmission Date

* This is the date/time the transmission was made to this site or received from this site.

(Transmission) Status (see Transmission Status definition above)

Message Type (see Transmission Type definition above)

Facility (see Facility definition above)

Raw Data (click on link to view)

* Displays the delimited raw message data for the selected segment.

Transmission Details (click on link to view)

* Batch Message ID (if applicable)
* Message ID
* Message Type
* Transmission Site (the facility to which or from which the message was sent)
* Transmission Date
* Transmission Status
* ACK (Acknowledgement) Type
* Date/Time Acknowledgement Received
* Retransmission ID
* Retransmission Count

Retransmit (click on link to retransmit)

* Provides a means to re-transmit certain messages.

### Mail

#### Undeliverable Mail Scanning

Undeliverable Mail Bar Code Scanning

This function allows user to search for Undeliverable Mail by Bar Code and displays the following information:

* Bar Code - Enter the *Bar Code* for which you are searching. Click the magnifying glass symbol to start the search.
* *Date Mailed* - This is the date the letter was formatted and passed through the printer to process. It is not the actual date it was mailed . It takes approximately 5 business days from this date until the actual mailing.
* Recipient Name & Address
* Form Number
* *Returned by P.O.* - indicates mail was returned by the Post Office as *Undeliverable*.

item of special interest symbolIf the returned letter has a bar code and is scanned, the system automatically sets the *Communication Status* to **Returned by P.O.**  
If the returned letter has no bar code, the user must do a *Undeliverable Mail Search* using various search criteria. From the *Undeliverable Mail Search Results* page, the user must manually place a check mark in the **Returned by P.O.** checkmark box and ***Update*** the record.

* *Edit Address* - click this link to edit the beneficiary's permanent address from the *Edit Permanent Address* page.

#### Undeliverable Mail Search

This function allows user to do a Search on any undeliverable mail. One or multiple fields may be used as search criteria. Using more search criteria will reduce the number of results.

The system has a search results limit of 250 records. If search results exceed that limit, the user will be asked to refine their search and try again.

Undeliverable Mail Search

SSN:

*SSN* is defined as the Social Security Number of the person's record you're trying to find.

Rules ...

* Acceptable format is 9 numeric characters.
* Cannot be a *Pseudo* *SSN*.

Bar Code:

The communication *Bar Code* id is a system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event if applicable, and the individual.

Last Name:

Veteran's last name is the Veteran's family name.

Rules...

* Free text 1-35 characters in length.

First Name:

Veteran's first name is the Veteran's given first name.

Rules...

* Free text 1-35 characters in length.

Middle Name:

Enter the Veteran's middle name.

Rules...

* Free text 1-25 characters

Country:

Select a country from the dropdown.

Address Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

More...

Zip code may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

State:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

Form Number:

The *Form Number* is the number that identifies the type of communication.

Choose from the drop-down list.

Case Number:

The *Case Number* is the VPID of the Veteran associated with the mailed correspondence.

VPID is defined as the Veterans Affairs Person Identifier for the beneficiary's record. This 29-character ID is unique for this person.

Date Mailed:

Enter here the date the correspondence was mailed.

Rules...

* Format: (mm/dd/yyyy)

Undeliverable Mail Search Results

Date Mailed

Indicates the date the letter was mailed.

Recipient Name & Address

The Name and Address of the Recipient.

Form Number

Indicates the particular Form Number mailed.

Returned by P.O.

When the user manually selects the Communication Status –  *Returned by P.O.* and commits the change, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.

Edit Address

Allows editing the recipient's *Permanent Address*.

#### Edit Permanent Address

This screen allows user to edit the Permanent Address on file for the beneficiary based on the Undeliverable Mail Search results.

Edit Permanent Address

Name:

This is the name of the beneficiary whose address you wish to edit (display only).

required field symbolCountry:

Select a country from the dropdown.

Address Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

required field symbolZip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

required field symbolCity:

Enter the name of the City used for the address.

required field symbolState:

Enter the State name associated with the address.

County:

Enter the County in which the beneficiary lives.

**required field symbol** Indicates Required Field

### Reports

#### Report List

This screen enables user to select and run/schedule various reports.

Reports

#

Sequence number for the report.

Report Type

This indicates the type of report.

Report ID

This is the unique *Report ID*. Examples include QM 21, EED 8, COR 1, IV 4 and BOS 1.

Report Title

This is a short narrative description of the report.

Actions

*Run Report*

Clicking the Run Report link presents the reports parameters screen which enables the user to enter the report parameters as desired or required.

After doing so, click the ***Run Report*** button to run the report.

*Schedule Report*

Clicking this link enables the user to schedule a report to run at a later date. Reports may be scheduled to run in a variety of different ways.

The following table lists the available reports that may be run (scheduled) by clicking the Run Report (Schedule Report) links. To get more help on the parameters and what will be in each report, see the *Sample Reports* sub-section of the *Reports* section on page 88.

Not included in the table are the OPP Extract reports, which are generated any time the OPP extraction for the particular file is completed. To view a description and sample OPP Extract reports, see the *Sample Reports* sub-section of the *Reports* section starting on page 88.

Item of special interest symbol**Note**: The following three reports were removed for ES 4.1.0 since this data is no longer collected:

* OPP 1 – CD Procedure File Summary Report
* OPP 2 – CD Diagnosis File Summary Report
* OPP 3 – CD Condition File Summary Report

| **Report Type** | **Report ID** | **Report Title** |  | **Report Type** | **Report ID** | **Report Title** |
| --- | --- | --- | --- | --- | --- | --- |
| Addresses | QM 21 | Address Updates |  | Cancel/Decline | QM 4 | Cancelled/ Declined |
| Addresses | QM 5 | Bad Address Records |  | Enrollment | EED 1 | Total Enrolled Veterans |
| Enrollment | EED 6 | Total Veterans by Enrollment Status and Priority Group |  | Addresses | BOS 1 | Undeliverable Mail |
| Financial Assessment | QM 17 | Financial Tests in Process |  | Messaging | QM 8 | Unsolicited Updates by VBA |
| Messaging | QM 25 | Inbound HL7 Error |  | Enrollment | EED 2 | Total User Enrollee |
| Correspondence | COR 1 | Letter File from Processing Center Report |  | Messaging | QM 20 | VBA Query Status |
| MST | QM 10 | MST National |  | Enrollment | EED 8 | EED Weekly Statistics |
| Enrollment | QM 3 | New Enrollment Processing |  | Workload | QM 15 | Workload for Status Remaining or Exceeding X Days |
| Messaging | QM 19 | Outbound HL7 Error |  | Workload | QM 11 | Workload Turnaround Time |
| PH | QM 23 | PH Reject Reason |  | Eligibility | QM 14 | Manual Eligibility Update |
| PH | EED 3 | PH Unconfirmed For More Than X Days |  | Enrollment | EED 9 | Enrollment Override Report |
| SSN | IV 3 | Returned Records From SSA Statistics |  | Eligibility | EED 10 | Total Eligibility Factors |
| SSN | IV 4 | SSN Database Statistics Report |  | Quality Management | EED 12 | Duplicate Merge |
| SSN | IV 5 | Pseudo SSN |  | Messaging | QM 28 | Inbound Messages From Sites |
| Quality Management | QM 6 | EED Veteran Survey List |  | Messaging | QM 29 | Inbound Messages From MVR (VBA) |
| Financial Assessment | IV 1 | MT Signature Indicator By Income Year |  | Messaging | QM 30 | Outbound Messages To Sites |
| P8 Limited  Access Reports | P8G 1 | Assigned to Priority Group 8 |  | P8 Limited Access Reports | P8G 3 | Migration to Priority Group 8 |
| P8 Limited  Access Reports | P8G 2 | Income Summary Report |  | P8 Limited Access Reports | P8G 4 | Migration from Priority Group 8 |
| Incomplete Registrations | EED 19 | Incomplete Registrations Report |  | Missing Preferred Facility | EED 20 | Missing Preferred Facility Report |

#### Scheduled Reports

This screen shows all reports and their scheduled run dates. From this screen, a report may also be cancelled.

**Schedule A New Report**  **Show/Hide Report Filter**

[Report](javascript:kadovTextPopup(this)):

Select the type of report from the dropdown. See *Report List* screen help above.

[Report](javascript:kadovTextPopup(this)):

Select the *Report ID* from the dropdown. Examples include **QM 4**, **EED 1**, **COR 1**, **IV 4** and **BOS 1**.

[Report](javascript:kadovTextPopup(this)):

Select the title of the report from the dropdown.

[File](javascript:kadovTextPopup(this)):

Select the file type for the report from the dropdown. The two types are:

* .pdf
* .csv

[Scheduled Run Date](javascript:kadovTextPopup(this)):

Enter the date(s) on which the report is scheduled to run. User may specify either a From Date, a To Date, or both (mm/dd/yyyy).

The list of entries in the dropdown boxes are filtered based on the actual list of report data for that user. For example, if there are no **QM 23** reports scheduled, then the *Report ID* dropdown won't have a selection for **QM 23**.

When a filter is applied (with the ***Apply Filter*** button), text is added to the right of the section title to show the user that a filter is being applied. For example, when a filter is applied on the *Scheduled Reports* screen, the section header is listed as "**Scheduled Reports (Filter Applied)**."

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Clicking the Hide Report Filter link will hide the report filter criteria.

Scheduled Reports

#

Sequence number for the report.

Report Type

This indicates the type of report. See *Report List* section under **Reports** on page for *Report Types*.

Report ID

This is the unique *Report ID*. Examples include QM, EED, COR, IV and BOS.

Report Title

This is the title of the report.

File Type

This indicates the file type for the report. The two types are:

* .pdf
* .csv

Scheduled Run Date

This is the date on which the report is scheduled to run.

Action

This Cancel Report link enables the user to cancel an existing scheduled report. Click the ***OK*** button to cancel the report or ***Cancel*** to leave it as is.

#### Schedule Report

This allows user to schedule new reports.

**Scheduled Reports**

Schedule Report

Report Name:

Select new report from the dropdown.

After dropdown selection for new *Report Name* is made, click the ***Submit*** button.

Schedule Report

Report Name:

Displays the new scheduled report selected.

The parameters below are determined by the report being scheduled. Below is an example of report parameters for the *Address Updates* *(QM 21)* report.

required field symbolGenerate Report:

Choose one of the following. If *Generate Report* selection is:

* Daily/Weekly

...then choices are:

**Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday**

* Monthly

...then choices are either:

The **first**, **last**, **15th**, day of every month.

OR

The first, second, third, fourth, last Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, or Saturday, of every month.

* Quarterly

...then choose from the following:

The **First**, **Last** day of every quarter.

* Yearly

...then choose:

Every January, February, March, April, May, June, July, August, September, October, November, December, XXth.

OR

The first, second, third, fourth, or last, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, or Saturday of January, February, March, April, May, June, July, August, September, October, November, or December.

* Other

When the **Other** radio button is chosen, a ***From Date*** and ***To Date***, which appear below, must be chosen.

required field symbolDate to Generate Report:

Enter the precise date (mm/dd/yyyy) on which to generate the report.

required field symbolTime to Generate Report:

Indicate the time to generate the report. Choose hours first (military time), then minutes.

Email Report To:

Separate each email recipient name with a semi-colon (;).

The parameters below are determined by the report being scheduled. Below is an example of report parameters for the **Address Updates (QM 21)** report.

required field symbolFrom Date:

Enter a *From Date* (mm/dd/yyyy). This field appears only when the **Other** radio button for ***Generate Report*** is chosen above.

required field symbolTo Date:

Enter a To Date (mm/dd/yyyy). This field appears only when the Other radio button for Generate Report is chosen above.

required field symbolAddress Updated Multiple Times Within:

Enter the number of days in which the address was updated more than once.

required field symbolReport Format:

Select either:

* Summary
* Detailed

required field symbolFile Type:

Select either:

* .pdf
* .csv

**required field symbol** Indicates Required Field

#### Completed Reports

This screen presents a list the completed reports that have been run. User may click on the desired View Report link to view the report. The user may also click the Delete link to delete the desired report or click the Archive link (for an Active report) to archive the desired report.

**Show/Hide Report Filter**

[Report](javascript:kadovTextPopup(this)):

Select the type of report from the dropdown. See *Report List* screen help on page .

[Report](javascript:kadovTextPopup(this)):

Select the *Report ID* from the dropdown. Examples include **QM 4**, **EED 1**, **COR 1**, **IV 4** and **BOS 1**.

[Report](javascript:kadovTextPopup(this)):

Select the title of the report from the dropdown.

Status:

Select the *Report Status* from the dropdown. Examples include **Active**, **Archived**, **All**.

[File](javascript:kadovTextPopup(this)):

Select the file type for the report from the dropdown. The two types are:

* .pdf
* .csv

Report Parameters:

Enter any parameters such as *From* and *To Dates* and the particular report.

Date Run:

Enter the date(s) on which the report was run. User may specify either a *From Date*, a *To Date*, or both (mm/dd/yyyy).

Archived Date:

Enter the date on which the report was *Archived*.

The list of entries in the dropdown boxes are filtered based on the actual list of report data for that user. For example, if there are no **QM 23** reports scheduled, then the *Report ID* dropdown won't have a selection for. **QM 23**.

When a filter is applied (with the ***Apply Filter*** button), text is added to the right of the section title to show the user that a filter is being applied. For example, when a filter is applied on the *Completed Reports* screen, the section header is listed as "**Completed Reports (Filter Applied)**."

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Clicking the Hide Report Filter link will hide the report filter criteria.

Status: Completed Reports

#

Sequence number for the report.

Report Type

This indicates the type of report.

Report ID

This is the unique *Report ID*. Examples include **QM 4**, **EED 1**, **COR 1**, **IV 4** and **BOS 1**.

Report Title

This is a short narrative description of the report.

File Type

This indicates the file type for the report. The two types are:

* .pdf
* .csv

Report Parameters

This displays any parameters entered by the requester such as *From* and *To Dates* and the particular report.

Status

This is the status or the report. Reports are either *Active* or *Archived*.

Date Run

This shows the date the report was run.

Archived Date:

This is the date the **Completed Report** was *Archived*.

Action

The following Actions are available for *Active* **Completed Reports**:

* [*View*](javascript:kadovTextPopup(this)) - clicking the View link allows the user to view the Completed Report.
* [*Delete*](javascript:kadovTextPopup(this)) - clicking the Delete link allows the user to delete the Completed Report. A confirmation box will be displayed to the user.  
    
  item of special interest symbolThe user must have the Schedule/Run/Delete/Archive privilege for the report type and the report must have been generated by the user.  
    
  and/or   
    
  The user has a System Administrator Role.
* *Archive* - clicking the Archive link allows the user to archive the Completed Report.  
    
  item of special interest symbolThe user must have the Schedule/Run/Delete/Archive privilege for the report type and the report must have been generated by the user.  
    
  and/or   
    
  The user has a System Administrator Role.

The following Action is available for *Archived* **Completed Reports**:

* [*View*](javascript:kadovTextPopup(this)) - clicking the View link allows the user to view the Archived Report.
* [*Delete*](javascript:kadovTextPopup(this)) - clicking the Delete link allows the user to delete the Archived Report. A confirmation box will be displayed to the user.  
    
  item of special interest symbolThe user must have the Schedule/Run/Delete/Archive privilege for the report type and the report must have been generated by the user.  
    
  and/or   
    
  The user has a System Administrator Role.

#### Sample Reports

##### Undeliverable Mail (BOS 1)

This report provides a total of incoming undeliverable mail by division (IV & EE), undeliverable mail that has been processed by day. It is used to provide monthly totals of incoming and processed mail that is received by the mail unit. For each execution, this report is limited to generating data for a single fiscal year.

For the *Summary Report*, a single row is produced for each division (IV & EE) and a grand total for the specified time period. For the *Detailed Report*, each row represents the number of undeliverable letters for a single day. Subtotals are produced for each week within the specified time period.

The requester has the option of *Detailed* or *Summary*.

##### Letter Files from Processing Center (COR 1)

*Summary Report*: This report provides the number of letter requests by Letter Name and Form Number, which were actually mailed by the Processing Center, the number of letter request returned for Code 1 Reject reasons and the number of letter requests returned with an error reason(s). The report includes the Date/Time the File was received and a total number per file and the letter types and the specific error reason for the Code 1 Reject File and the Error file reject reason. The report can be generated for individual or all files. The 3 files are the Address File, The Code 1 Reject File and the Error File.

*Detailed Report*: This report breaks down each letter type into the three groups, Totals, Code 1 and Error. The report then breaks down Code 1 and Error for each letter type into individual groups with specific letter identification to allow for clean up, tracking, etc. It also shows the person-identifying information for the individuals whose letters errored in processing. The difference between the *From Date* and *To Date* may not exceed 31 days.

##### Total Enrolled Veterans (EED 1)

The report provides a listing of all Veterans whose most current enrollment record is in a *Pending* enrollment status for the time period, by facility. The report may be run in a summary mode to reflect total numbers or in a detail mode to list specific Veteran-identifying information for the desired statuses. To be eligible for this report, the Veteran must be a "user enrollee."  The category "user enrollee" indicates that a *User Enrollee Valid Through Date* on the Veteran's record exists.

The report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center.

The requester has the option of *Detailed* or *Summary*.

##### Total User Enrollee (EED 2)

This *Summary Report* produces a listing of active User Enrollees.

##### PH Unconfirmed For More Than X Days (EED 3)

This report provides the number of unconfirmed PH registry requests. It includes the number of each *PH Status* that has not reached a **Confirmed** status. It will not include any records that have a *Date of Death*.

The report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veterans *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of *Detailed* or *Summary*.

##### Total Enrollees per Enrollment Status Grouped by Priority (EED 6)

This report provides the Nationwide number of enrollees for each *Enrollment Stat*us and each Enrollment Priority/Sub Priority and those who are Un-prioritized. The report is sorted by Enrollment Priority Group. The report provides a total for each *Enrollment Status* and for each Enrollment Priority/ Sub-Priority.

The report provides current enrollment records on the total number of Enrollees by Priority Group separated into the various Enrollment Status categories, based on a "*FROM / TO*" date range determined by the requester. User may select one, many or all of the Priority Groups, and / or one, many, or all of the Enrollment Statuses.

##### EED Weekly Statistics (EED 8)

These EED reports are used to capture the various updates that occur within a user specified time frame or scheduled run.

The scheduled report displays each proceeding week's data back to the beginning of the fiscal year (Sunday through Saturday) and calculates the fiscal year averages and totals. The scheduled report includes all individual pages.

The 'On Demand' report shows the individual totals for the time period selected broken down into weekly increments. For example, if the user requested a report for December 1, 2005 to December 31, 2005, the first week displayed would be December 1, 2005 to December 3, 2005. The second week would be from December 4, 2005 to December 10, 2005. The third week would be December 11 to December 17, 2005. The fourth week would be December 19, 2005 to December 24, 2005. The fifth week would be December 25, 2005 to December 31, 2005. The report displays the individual data points on individual report types similar to what is demonstrated in the samples.

The requester has the option of *Detailed* (all reports) or *Summary* (individual reports).

##### Enrollment Override Report (EED 9)

This report captures Veteran-specific information only on records where a HEC employee manually initiated an override based on an *Override Reason*. The Veteran specific information contains the Veteran's name, SSN and narrative reason.

*Summary Report*:  This report provides the total number of *Enrollment Overrides* OR the total of *Enrollment Overrides by Reason* based on a "*FROM / TO*" date range to be determined by the requester.

*Detailed Report*:  This report provides Veteran specific information for the total *Enrollment Overrides* for a "*FROM / TO*" date range to be determined by the requester.

The requester will have the option of selecting a report that will list the Veteran specific data by the LAS that performed the *Enrollment Override*, grouped by *Override Reason*, user may select one, many or all LASs.

OR

By the Veteran, grouped by Veteran SSN, then sub-grouped by *Override Reason* and then lists the identity of the LAS who performed the Enrollment Update.

Item of special interest symbolThe information on this report is limited to overrides performed by a HEC employee (manually initiated override).

##### Total Eligibility Factors (EED 10)

*Summary Report*:  This report provides the Nationwide total *Eligibility Factors* for verified enrolled Veterans. The report factors will be broken down into Eligibility Factors. This report can be run on an "*AS OF DATE*" or a "*FROM / TO*" date range to be determined by the requester. The *Summary Report* is also the 'scheduled' report.

*Detailed Report*:  This report provides the total *Eligibility Factors* for verified enrolled Veterans (Primary and Secondary Eligibility Factors) by VISN, or by medical center within VISN. The Veteran's Preferred Facility is used to determine the VISN, VAMC / Facility information (only to the VAMC / Parent Level). This report can be run on an "*AS OF DATE*" or a "*FROM / TO*" date range to be determined by the requester. The *Detailed Report* is NOT a 'scheduled' report.

The report(s) can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page.

##### Duplicate Merge (EED 12)

*Summary Report*: This report provides the total number of records in the *Merge* process by the three (3) status categories, for a "*FROM / TO*" date range determined by the requester.

'Number of Records Merged by LAS / User' - the total number of records in the *Merge* process by the three (3) status categories by the LAS for a "*FROM / TO*" date range determined by the requester.

*Detailed Report*: This report is segregated by LAS and lists individual records in the *Merge* process by two (2) statuses for a "*FROM / TO*" date range determined by the requester.

1. 'Completed' which includes a total of days from assignment to completion.

2. 'In Process' which includes the total days merge is *In Process* (assigned but not completed).

The report also includes a total of all records in an 'In Process' and 'Completed' status with a calculated average for each.

The report(s) can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page

##### Incomplete Registrations Report (EED 19)

There are two reports that track incomplete registrations. The first is the detailed “Incomplete Registrations Report”, which lists incomplete registrations for single, multiple, or all users.

An incomplete registration is defined as a user-started process of adding a person and then saving the person ‘In Process’ for completion at a later date. The report lists specific veteran-identifying information to provide managers a way to track and analyze pending items and manage workload. In addition, this information helps resolve unexpected error conditions during the data entry process.

The second report is the summary “Incomplete Registrations Report – Management Aging Report” and lists a total of incomplete applications by username over time (30, 60, 90 days).

After selecting Run Report from the *Reports List* menu, the report(s) can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page.

Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

##### Missing Preferred Facility Report (EED 20)

The *Missing Preferred Facility Report* lists veterans who may have no data in place of the identifier for their preferred VA treatment facility (“Preferred Facility”). It is an unscheduled, ‘on-demand’ report that can be run by an authorized ESR user to identify any ‘null’ value preferred facilities for manual correction by an authorized ESR user. It will initially be used for a clean-up effort, and thereafter for occasional checking to ensure that there are no data transmission errors resulting in a null value for any particular veteran.

This report provides the individual records that are missing a preferred facility. After selecting Run Report from the *Reports List* menu, the report(s) can be selected for viewing by clicking the appropriate View link from the *Completed Reports* page.

Users are required to have the appropriate *Roles* and *Capabilities* to generate this report.

##### MT Signature Indicator By Income Year (IV 1)

The report provides a count of all Means Tests for a user selected *Income Year* that have been imaged and whether they've been signed, do not have a valid signature, or are completed but no image has been received.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran’s *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of Detailed or Summary.

##### Returned Records From SSA Statistics (IV 3)

The report provides a count of all records returned from SSA, valid or invalid, by beneficiary, spouse and dependents.

##### Database SSN Statistics (IV 4)

The report will provide a count of all SSN Validation Flags in the database.

The SSN counts are broken down by Beneficiary, Dependent and Spouse. For each of these, counts are given for *Verified*, *Invalid*, and *New* SSNs as well as how many are in the verification process and how many need to be resent to SSA for verification.

##### Pseudo SSN (IV 5)

The report provides a count or listing of all beneficiaries, spouses and dependents that have *Pseudo SSNs* listed in the database. The report will only select records that have a *Pseudo SSN* *Reason* of "**Follow up Required.**"

The requester has the option of *Detailed* or *Summary*.

##### OPP Extract Period Of Service File Summary Report (OPP 4)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Period Of Service (POS). The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP POS file extract is completed. The report will be generated any time the OPP CD Condition File extract is completed.

##### OPP Extract Main File Summary Report (OPP 5)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Main File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records by specific categories. The report will be generated any time the OPP Main File Extract is Completed.

##### OPP Extract Eligibility File Summary Report (OPP 6)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Eligibility File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP Eligibility file extract is completed.

##### OPP Extract Rated Disabilities File Summary Report (OPP 7)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Rated Disabilities File data. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP Rated Disabilities file extract is completed.

##### OPP Extract Combat Data File (OPP 8)

This is a standard report that is generated by the system at the completion of the OPP data extraction of the Combat Data File. The report provides the Office of Policy and Planning with a summary of the total numbers of records that have been written to the file. The report will be generated any time the OPP Combat Data file extract is completed.

##### Assigned to Priority Group 8 (P8G 1)

This report produces a summary of Veterans assigned to Priority Group 8 as of a certain date. It includes all current enrollment records with an Enrollment Status of “Verified” and a Priority Group of “8”. Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report.

The Facility selected can be by VISN, Site, or both. If no Facility is selected, the report generates a National summary of Veterans Assigned to Priority Group 8.

##### Income Summary Report (P8G 2)

This report is used to identify Veterans' current income levels for Priority Groups 8b and 8d. The report includes beneficiaries whose current priority group is "8b" or "8d". Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report. The Report displays whether income is:

* less than or equal to the specified amount for the year above the MT threshold where the GMT threshold is less than the MT Threshold
* less than or equal to the specified amount for the year above the GMT threshold where the GMT threshold is greater than the MT Threshold
* greater than the specified amount for the year above the applicable MT or GMT threshold
* less than the MT threshold, greater than the GMT threshold, with a net worth >= $80,000.00
* not provided on the current Means Test

The report also displays if the number days since the financial assessment was completed is < 366 days or > 365 days.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Income Summary report.

##### Migration to Priority Group 8 (P8G 3)

This report identifies the number of Veterans currently assigned to Priority Group 8 where the Veteran's most recent prior Priority Group was 1-7, or Priority Group/Subgroup 8e-8g. Requester must enter a *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration to Priority Group 8 report.

The Site version of the report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

##### Migration from Priority Group 8 (P8G 4)

This report identifies the number of Veterans currently assigned to Priority Group1-7 where the Veteran's most recent prior Priority Group was 8. Requester must entera *From Date* and a *To Date* and select either **CSV** or **PDF** File Type to run the report.

The requester can run the report as a grand total by one or more than one preferred facility or none (summary). The facility selected can be by VISN, Site, or both. If no facility is selected, the report generates a National Summary of Migration from Priority Group 8 report.

The Site version of the report can be run as a Summary report or a Detailed report that lists Veteran names and SSNs.

##### New Enrollment Processing (QM 3)

The report provides average time values in days for the individual process steps that are contained in the process of enrolling a new beneficiary. This report only tracks the initial application process. It does not include consecutive updates to the eligibility/enrollment record. The user has the ability to choose either complete or incomplete enrollment records. If detailed and complete are chosen, the system will prompt them to look for an outlier of days - meaning any step in the process that exceeds the days specified. Incomplete is defined as not all steps within the process have been completed. The user will be prompted for the number of days that the record has remained in the last completed status.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran’s *Preferred Facility* is used to determine the VISN, VAMC and Facility information.

The requester has the option of *Detailed* or *Summary*. The difference between the *From Date* and *To Date* may not exceed 31 days for the *Summary* *Report*.

##### Cancelled/Declined (QM 4)

This report shows the Nationwide number of enrollees who have an *Enrollment Status* equal to "*Cancelled/Declined"* by each *Reason Cancelled/Declined*. No *Date of Death* records will be included.

In addition, the report may also be produced to display the data sorted by VISN, by medical center within VISN, or by facility within medical center. The Veteran’s Preferred Facility is used to determine the VISN, VAMC and Facility information.

##### Bad Address Records (QM 5)

This report provides a *Summary* *Report* of the number of person records where the current *Permanent Mailing Address* has the *Bad Address Reason* populated. The *Detailed Report* can also be generated to display the person's *Name*, *SSN* and *Bad Address Reason*. No *Date of Death* records will be included.

The difference between the *From Date* and the *To Date* cannot be greater than 31 days. Only one VISN may be chosen per report execution.

##### EED Veteran Survey List (QM 6)

This report is used to develop a mailing list of Veterans to receive the EED Customer Satisfaction Survey. It accumulates a user specified number of records working from the data specified in negative-date chronological order until it reaches the number specified by the user. No *Date of Death* records will be included.

##### Unsolicited Updates by VBA (QM 8)

This report shows either in *Summary* or *Detailed* format the information related to an unsolicited update sent by VBA. For this report, **Not Processed** indicates that no data from the message was accepted (includes only instances where the message was ignored.)

The *Detailed Report* will display only records **Not Processed**.

##### MST National (QM 10)

This report provides a summary of the number of Veterans who have a *MST* Status recorded with a *MST Status Date* as of the report run-date. The detailed report can be generated for a specific Fiscal Year, Quarter or user-specified date range to provide a count of the number of Veterans with a recorded *MST Status Date* that falls within the reporting period. The *MST Status* is sorted by *Gender*.

**Summary Report:**

Each report row represents the accumulated annual total number of Veterans by gender with the specific MST Status for all Fiscal Years, the percentage by gender of the total number of vets screened per MST status, and the percentage of the total Veterans screened by gender with a MST Status of Positive or Negative for all Fiscal Years.

**Fiscal Year Report:**

Each report row represents the number of persons by gender with the specific MST Status per Quarter, the percentage by gender of the total number of vets screened, the percentage of the total Veterans screened by gender with a MST Status of Positive or Negative and the totals for each gender and MST Status for the Fiscal Year.

**Quarterly Report:**

Each report row represents the number of persons by gender with the specific MST Status, Total per Quarter, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with a MST Status of Positive or Negative.

**Date Range Report:**

Each report row represents the number of persons by gender with the specific MST Status within a user-specified date range, Total per selected date range, the percentage by gender of the total number of vets screened, and the percentage of the total Veterans screened by gender with an MST Status of Positive or Negative.

##### Workload Turnaround Time (QM 11)

This report provides information about the turnaround time for any or all workload cases for a functional group. It gives a *Summary* or optionally *Detailed* report by user. If it is not run by the user it uses the date the workload was assigned. If not by user then it uses the date the workload was logged. The difference between the *From Date* and *To Date* may not exceed 31 days.

If the user selects *Detailed* they will be prompted for outlier days (the number of days a workload has been in the last status) and the number of random records (how many random records the system should select for review). If no random records are selected, then all of the records that meet the outlier days criteria will be produced.

Item of special interest symbolAn LAS may run the report but the output will be for that user only.

##### Manual Eligibility Update (QM 14)

This report provides, by a Date Range and user specified parameter (number of days), records that were manually updated and then manually updated again (no automatic update in between).

The requester has the option of *Detailed* or *Summary*. The *Detailed* report shows person-identifying information for the specific records updated, along with what was updated and when.

##### Workload for Status Remaining or Exceeding X Days (QM 15)

This report provides, by a Date Range and *Work Item Status*, those workload items that have met or exceeded the number of days specified. User may also specify the report by *Functional Group* and *Work Item Type*.

##### Financial Tests in Process (QM 17)

This report produces a listing of Financial Tests that have been placed **In-Process**. It provides details about how long a test was left in-process and who placed the test in-process.

The requester has the option of *Detailed* or *Summary*. If *Detailed* is selected, user may choose to report details by either *Date* or *LAS*.

Item of special interest symbolBecause the **In-Process** Test table does not maintain a record of everything that has ever been in-process, this report will only show those tests that are in an in-process state at the time the report is executed.

##### Outbound HL7 Error (QM 19)

This report provides both *Summary* and *Detailed* information on individual Outbound HL7 messages that encounter either an AE or an AR. For ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. User may select only one *Message Type* per execution. The time span between *From* *Date* and *To Date* may not exceed 31 days.

##### VBA Query Status (QM 20)

This report shows either in *Summary* or *Detailed* the information related to a query to VBA and whether no response or a response of "No VBA Data on File" is received.

##### Address Updates (QM 21)

This report produces a listing of Addresses that have been updated more than once in X amount of days. X is a user defined parameter.

The requester has the option of *Detailed* or *Summary*.

##### PH Reject Reason (QM 23)

This report produces a listing of the reasons a PH was rejected. Optionally, the report results can be listed by the User.

The requester has the option of *Detailed* or *Summary*.

The *Status* of the PH must be “Rejected.”

##### Inbound HL7 Error (QM 25)

This report provides both *Summary* and *Detailed* information on individual Inbound HL7 messages that encounter either an AE or an AR. On the ARs, it only reports those that have reached maximum attempts at transmission and failed and remain in an AR status. User may select only one *Message Type* per execution. The difference between the *From* *Date* and *To Date* may not exceed 31 days.

##### Inbound Messages From Sites (QM 28)

This report will provide Inbound message traffic between the ES system and sites broken down by *Hour*, by *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF** *File Type* to run the report.

##### Inbound Messages From MVR (VBA) (QM 29)

This report provides Inbound message traffic between the ES system and MVR broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF** *File Type* to run the report.

##### Outbound Messages To Sites (QM 30)

This report provides Outbound message traffic between the ES system and the sites broken down by *Hour*, *Message Type*, and by *Site*. Requester must enter a *Date* and select either **CSV** or **PDF** *File Type* to run the report.

### Reference

#### Thresholds

Selecting **Thresholds** from the Reference button bar enables the user to get Geographic Means Test (GMT) thresholds or income thresholds for either zip codes or cities and states for a particular income year.

Geographical Region and Income Year

Income Year:

Select the income year from the dropdown for the desired geographic threshold.

item of special interest symbolGMT Threshold information will only display if using Income Year 2001 or later; GMT Copay Required was not a valid status prior to 2001.

Rules...

To do a GMT Threshold lookup, either a *Zip Code* or *City* and *State* must be entered.

Zip Code:

Enter the zip code for the desired geographical region.

*Or*

State:

Enter a state for the desired geographical region.

City:

Enter a city for the desired geographical region.

Item of special interest symbol**Note**: When a City and State are entered, the system will prompt the user to verify the Zip Code.

Thresholds

Displays Thresholds in place for tests completed for various number of dependents for the *Income Year* selected.

Number of additional dependents (above 7):

Enter the number of dependents above 7 and click the CALCULATE THRESHOLD button to have the system calculate the thresholds for the total number of dependents. The maximum number in this field is 999.

Example: If the user enters 3 and clicks the CALCULATE THRESHOLD button, the system displays the thresholds for 10 dependents.

#### Copayments

This screen allows users to view Copayment information for a particular Income Year.

Income Year:

Select the income year from the dropdown for the desired Copayment information.

Among these are:

* Inpatient Copayments and Per Diem Charges - (income year selected)
* GMT Copayments and Per Diem Charges - (income year selected)
* Outpatient Copayments - (income year selected)
* Medication Copayments - (income year selected)
* Long Term Care Copayments - (income year selected)

#### EGT Settings

Selecting **EGT Settings** from the Reference button bar displays the Enrollment Group Threshold (EGT) Processing status as well as current EGT and future EGT settings information.

The user is not allowed to edit *Current* or *Historical EGT Setting* information. The user is not allowed to edit an *EGT Setting* record that has an *Enrollment Process Start Date/Time* that is set.

**Item of special interest symbol** The user must have the appropriate security permission to add new, update or view *EGT Setting* information. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

item of special interest symbol It is important to note that many Veterans may be disenrolled if the EGT Setting is changed and that re-enrollment is not automatic when the EGT Setting is relaxed.

Enrollment Group Threshold Processing

Process Status:

*Process Status* is status of the EGT processing. Statuses are:

Running - set when the system is actively doing the EGT Processing

Finished - set when the EGT Processing has been completed

Error - set when the EGT Processing has been stopped for any reason

Process Start Date/Time:

Process Started Date/Time is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. This is populated by the system.

Process End Date/Time:

*Process End Date/Time* is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. This is populated by the system.

Current Enrollment Group Threshold Setting

**VIEW HISTORICAL EGT SETTINGS**

EGT Effective Date

The *EGT Effective Date* is the date of the enrollment group threshold setting went into effect.

EGT Type

The *EGT Type* determines what rules are used for enrollment inclusion and exclusion.

EGT Priority

*EGT Priority* Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

Values are:

* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8

*See also* Enrollment Priority Group in the online help*.*

Federal Register Date

This represents the date the EGT change was published in the Federal Register.

Process Status

*Process Status* is status of the EGT processing. Statuses are:

Running - set when the system is actively doing the EGT Processing

Finished - set when the EGT Processing has been completed

Error - set when the EGT Processing has been stopped for any reason

Process Start Date/Time

*Process Started Date/Time* is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. This is populated by the system.

Process End Date/Time

*Process End Date/Time* is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. This is populated by the system.

Future Enrollment Group Threshold Settings

**ADD NEW EGT SETTING**

EGT Effective Date

The *EGT Effective Date* is the date of the enrollment group threshold setting goes into effect.

EGT Type

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion.

EGT Priority

*EGT Priority* Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

Values are:

* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8

*See also* Enrollment Priority Group in the online help*.*

Federal Register Date

This represents the date the EGT change was published in the Federal Register.

Process Status

*Process Status* is status of the EGT processing. Statuses are:

Running - set when the system is actively doing the EGT Processing

Finished - set when the EGT Processing has been completed

Error - set when the EGT Processing has been stopped for any reason

Process Start Date/Time

*Process Started Date/Time* is the date/time the process to recalculate the enrollment statuses based on the new EGT setting started. This is populated by the system.

Process End Date/Time

*Process End Date/Time* is the Date/Time the process to recalculate the enrollment statuses based on the new EGT setting ended. This is populated by the system.

#### Add/Update EGT Setting

This screen allows the user to add/update Enrollment Group Threshold settings. There may be more than one future *EGT Setting* and it can be edited at any time.

Item of special interest symbolThe user must have the appropriate security permission to add new, update or view *EGT Setting* information. The user must also have the appropriate permission to stop a future EGT Setting Process. This may be done by clicking the ***Disable*** button.

**Item of special interest symbol**It is important to note that many veterans may be disenrolled if the *EGT Setting* is changed and that re-enrollment is not automatic when the *EGT Setting* is relaxed.

Add Enrollment Group Threshold Setting

required field symbolEGT Type:

The *EGT Type* determines what rules will be used for enrollment inclusion and exclusion.

System defaults to **Enrollment Decision**.

required field symbolEGT Priority:

*EGT Priority* Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

It's also defined as the enrollment priority group determined for the Veteran.

Choices are:

* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value set by the system when the *EGT Priority* value is set to 7 or 8.

required field symbolEGT Effective Date:

This is the date the *EGT Setting* is to go into effect.

Rules...

* The date can be a date in the past, present or future.
* Before changing an EGT setting to a retroactive *Effective Date*, you must first Disable this *Effective Date* before you will be allowed to enter a new EGT setting with a retroactive *Effective Date*.
* Example: if the *EGT Effective Date* is set to 02/01/02 and a new effective date of 02/22/02 is entered, the 02/22/02 date cannot be stored without Disabling the 02/01/02 date first.

Federal Register Date:

This represents the date the EGT change was published in the Federal Register.

Rules...

* Precise date is required if date entered.
* It can be a date in the past, present and future.

Comments:

*Comments* is a free-text field that may be used to enter comments pertinent to the EGT change.

**required field symbol** Indicates Required Field

#### View Historical EGT Settings

The *EGT Settings Change History* screen displays historical EGT settings information for a particular *Change Time,* which includes the date and time of the change.

Once an *EGT Setting* has been disabled, it can only be viewed in the historical data, not future or current views. This screen is for display only.

*Old* and *New Values* are displayed in red for the following categories:

EGT Settings Change History

EGT Type:

The EGT Type determines what rules are used for enrollment inclusion and exclusion.

EGT Priority:

*EGT Priority* Value is the enrollment priority limit set per the Secretary of the VA for enrollment inclusion.

It's also defined as the enrollment priority group determined for the Veteran.

Values are:

* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8

EGT Sub-Priority:

The *EGT Sub-Priority* group is the value used for stratification of the priority levels when the *EGT Priority* value is set to 7 or 8.

*See also* Enrollment Priority Group in the online help.

EGT Effective Date:

This is the date the EGT setting is/was to go into effect.

Federal Register Date:

This represents the date the EGT change was published in the Federal Register.

Comments:

Comments entered by the user that were pertinent to the EGT change.

Disabled:

This indicator shows if an *EGT Setting* was *Disabled* for any reason. The most common reason for disabling an *EGT Setting* is when a wrong *EGT Effective Date* was entered.

More...

For any new *EGT Setting* entry, the system automatically disables the previous entry on the *EGT Effective Date* of the new *EGT Setting*.

A user may not re-enable an EGT setting that has been disabled. Once an *EGT Setting* has been disabled, it can only be viewed in the Historical data, not future or current views.

The user must have the appropriate security authorization to set this value.

Last Update Date:

Displays the date the *EGT Settings* were last updated.

Last Updated By:

Displays the user who last updated the *EGT Settings*.

#### Relaxation Percentage

##### Relaxation Percentage (Update)

In January 2009, a new policy was introduced known as the *P8 Relaxation Enhancement*, which allows Veterans to be enrolled based on a fixed percentage allowance above the Means Test or Geographical Means Test Thresholds.

VHA requires the ability to relax this percentage even further in order to manage the number of enrollees over time. To facilitate this, a system parameter was created to store the relaxation percentage value in the event that it were to change from the then-current 10% value. However, the system parameter did not allow for the Continuous Enrollment rules to be applied correctly for each Income Year for a percentage that changed in a subsequent year.

The solution to this restriction was to remove the *Relaxation Percentage* system parameter and provide the ability to change the *Relaxation Percentage* by income year. The change would be retroactive back to the beginning of the current Income Year for any Veterans who were rejected at that time, but now qualify under the new relaxation percentage.

**Add Income Year**

To add a new Income Year and relaxation percentage, click on the Add Income Year link. Only the next Income Year (current calendar year) may be added.

**Item of special interest symbol**If the next income year is already defined in the system, the Add Income Year link will not be displayed.

**View Historical**

The user may also click the View Historical link to view the *Relaxation Percentage Change History* screen for a history of Income Year and percentage changes made, with "Old" and "New" values displayed for user-selected dates and times.

**Item of special interest symbol**A user must have the appropriate *Capability* added to their security *User Profile* in order to edit and/or view the *Relaxation Percentage* data. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Relaxation Percentage

Income Year:

Select the *Income Year* to which the *Percentage* will be applied from the dropdown.

More…

The *Income Year* dropdown defaults to the current Income Year and percentage.

When an *Income Year* is selected from the dropdown, the corresponding percentage for that Income Year is displayed in the *Percentage* field.

required field symbolPercentage for YYYY:

Enter or update the relaxation percentage for the Income Year chosen.

More…

*Percentage* defaults to the latest percentage for the *Income Year* selected.

Changes to the *Percentage* are saved in history.

Rules…

* The *Percentage* value can only be updated for the current and next *Income Years*, and only if the next Income Year has already been added using the Add Income Year link. All prior Income Year percentages are read-only and cannot be changed.
* The new *Percentage* must be greater than the old value.
* *Percentage* must be a value from 0 to 99.

Start Retroactive Processing

This optional batch process applies the change retroactively to the beginning of the Income Year for all Veterans who were previously rejected but now qualify under the new *Percentage*.

To run the batch process, place a check in the check box and click ***UPDATE***. The check box defaults to checked.

Click the ***UPDATE*** button to update the *Relaxation Percentage* or ***CANCEL*** to return to the *Person Search* screen without making any changes. The ***RESET*** button resets all of the changed fields to their previous values and returns the user to the current Income Year and percentage.

**required field symbol** Indicates Required Field

#### Relaxation Percentage

##### Relaxation Percentage (Add)

This screen allows the user to add a Percentage for the current calendar year.

Income Year:

The system displays the next Income Year (current calendar year), which is the only year that can be added.

More…

Only the current calendar year is displayed for addition.

required field symbolPercentage:

Enter a relaxation percentage for the new Income Year displayed.

Rules…

* The new *Percentage* must be greater than or equal to the current Income Year’s old value.
* The *Percentage* must be a value from 0 to 99.

Click the ***ADD*** button to add the *Relaxation Percentage* or ***CANCEL*** to return to the *Relaxation Percentage* (Update) screen without making any changes.

required field symbol Indicates Required Field

### VOA Resubmission

#### Resubmission

In support of federal and VA initiatives, VHA seeks to enhance the self-service offerings available for the nation’s Veterans and their ability to access enrollment applications and ongoing VA health benefit eligibility. To this end, VHA provides a more simple-to-use, secure, online Veterans healthcare enrollment experience through VOA.

To facilitate this ongoing effort to improve the Veteran’s online experience through the VOA application, ESR 3.12 includes the following capabilities:

* the ability for HEC users to resubmit pending VOA forms for ESR processing
* send automated email communication to the Veteran (if email provided in VOA form submitted) for confirmation of a successful VOA submission
* send data in real time, upon request, to VOA for the purpose of pre-population of known enrollment data about the Veteran

***Show Filter/Hide Filter***

Click on the Show Filter link to display fields which allow the user to filter the resubmission items using a combination of criteria. Click Hide Filter to hide the filter criteria.

**Submission ID:** Enter the unique identifier that is assigned by the system to a submitted form for tracking purposes.

**Request Received Date:** Enter a date range for which you wish to search (mm/dd/yyyy).

**Form Type:** Enter a form type you wish to search for.

**Form Pending Reason:** Enter a form reason you wish to search for.

After entering the desired criteria, click the ***Apply Filter*** button to filter the list. Click the ***Reset Filter*** to reset the criteria and start over.

Submission ID

This is the unique identifier that is assigned by the system to a submitted form for tracking purposes (display only).

Person ID

This is the identifier submitted with the form that uniquely identifies the Veteran (display only).

Person Last Name

This is the Veteran’s Last Name associated with the form (display only).

Person First Name

This is the Veteran’s First Name associated with the form (display only).

SSN

This is the Veteran’s Social Security Number associated with the form (display only).

DOB

This is the Veteran’s Date of Birth associated with the form (display only).

Gender

This is the Gender for the Veteran associated with the form (display only).

Request Received Date

This is the date and time the particular form was accepted by the system (display only).

Form Type

This is the particular form type that is pending (display only).

Form Pending Reason

This is the reason or issue for why the forms’ processing was suspended (display only).

***selected***

Placing a check in this check box selects all displayed forms. Otherwise, select individual check boxes for resubmission.

When all selections have been made, click the ***Re-Submit*** button to re-submit the forms. The page is refreshed and the re-submissions no longer appear on the “pending list”.

### ESR Registration

#### Search and Add New Person

The *Add New Person* functionality allows HEC authorized users to register a person through the Enrollment System Application. The HEC may encounter a Veteran either directly or be provided the information via a 1010EZ form. Entering this data into the system facilitates many business processes before the Veteran actually presents at a VAMC. This new registrant information is transmitted to the sites.

Selecting **Search and Add New Person** from the ***ESR Registration*** dropdown presents the user with a *Person Search* screen allowing searches for a registrant by any combination of criteria and enables the user to register (Add) a new person to the ES or update a person who is “In Process”. This screen is different than the *Person Search* screen that is accessed by selecting **Veteran Search** from the ***Veteran*** button dropdown.

At minimum, the user must provide all of the following required fields:

* Full SSN +
* Last Name +
* Date of Birth +
* Birth Sex

The Person Search criteria data entered is not case-sensitive.

Once the minimum information has been entered, any combination of the remaining search criteria may be selected. The user may enter additional *Identity Traits* to determine if the registrant already exists in the system and Identity Management (IdM). If the person is found in the system, the system returns a Person Search Result list with a single or multiple matches for the search criteria used. If the desired match does not appear, the user may do another search using different criteria.

If the registrant does not exist, the system displays “No records were found that matched the specified search criteria”. If the user clicks the ***Add*** button, the information is used to create an IdM request in order to correlate a record known by the Master Veteran Index (MVI) to the system, or create an Integration Control Number (ICN) using the information entered.

When IdM successfully returns a new or correlated ICN, the system sets the registrant record “New ESR Application” status to “In Process”.

After completing a Search, if the system returns a *Person Search Result* list with a single or multiple matches for the search criteria used, the user has the following options:

* Select From List *– The user selects a person record by clicking on an SSN link. The system then displays the Overview screen with the previously entered data if the person was “In Process”, or the Overview screen with previously entered data if the person existed previously.*

#### Person Search Result

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SSN**  Click on the **SSN** link to display the *Overview* screen with the previously entered  data if the person was "In Process". | **Last Name**  Displays the applicant's last name. | **First Name**  Displays the applicant's first name, if entered. | **Middle Name**  Displays the applicant's middle name, if entered. | **Date of Birth**  Displays the applicant's date of birth. | **MBI**  This is the *Multiple Birth* Indicator. It is either **Y**, **N**, or blank. | **Match**  The *Match* column indicates if the person record returned is either:   * **Yes** – Indicates a person record that matches the person’s primary information supplied in the Search criteria. These results will be first in the results set since a match scores higher than potential matches. * blank (nothing displays) – Indicates a person record that is a close match to the person information supplied in the Search criteria. *Example*: middle and first name is different. These results will be listed after any match(es) in Match Score order (descending). * **Potential** – Indicates that some of the Search criteria match, but there are notable differences. *Example*: SSN is different, so name and DOB may match, but SSN is different. |

* ***Clear*** *– The user may click on the* ***Clear*** *button to clear the list and start a new Person Search.*
* ***Cancel*** – *Returns the user to the Person Search screen and clears the list.*
* ***Add*** New Record– *If the system indicates that "No records were found that matched the specified search criteria", the user may click the Add button to begin the process of adding the Veteran in the system.  
  The user may also ignore the multiple results and click the* ***Add*** *button to begin the process of adding the Veteran in the system.  
  When the* ***Add*** *button is clicked, a request is submitted to IdM to create an ICN for the record, after which the system then displays the Overview screen populated with the search data. From here, the user may begin registering the Veteran by clicking on any of the tabs to begin entering the required information.*

Item of special interest symbol**Notes**:

* The system will not allow an exact match to be added as a new record.
* The system will not allow the user to click the ***ADD*** button if any of the required identity traits on the Search page are changed after a search is completed. Another search must be done with the changed identity trait(s) before the ***ADD*** button can be clicked.
* Search returns will be limited to ten.
* A user must have the appropriate *Capability* added to their security *User Profile* in order to *Add a New Person*. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Person Search

required field symbolSSN:

*SSN* is defined as the Social Security Number of the registrant record being added.

Rules...

* Acceptable format is 9 numeric characters.
* Cannot be a Pseudo SSN.
* The following *SSN* can never be possible (according to SSA).

123456789

* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.

required field symbolLast Name:

The NAME fields are an important element in the unique identity of a person. Enter the registrant’s complete legal last name.

Rules...

* Registrant’s *Last Name* is a required field.
* Multiple *Last Name* components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 1 and 35 characters in length.

First Name:

Enter the registrant’s complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *First Name* is free text 1-35 characters in length.

Middle Name:

Enter the registrant’s complete legal middle name.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *Middle Name* is free text 1-35 characters in length.

required field symbolDate of Birth:

Registrant’s *Date of Birth* is defined as the date the individual was born.

Rules...

* DOB must be precise.
* DOB cannot be a future date.
* Format: (mm/dd/yyyy)

required field symbolBirth Sex:

*Birth Sex* can be **Male**, or **Female.**

Item of special interest symbol**Note:** Because this screen is reused from the Veteran *Person Search* screen, “**All**” is displayed as a ***Birth Sex*** choice. However, users should not select “**All**” as a birth sex choice.

Country:

This is the country in which the registrant lives. Select from the dropdown.

More...

If any country other than **United States** is selected, ***Zip Code*** and ***State*** fields will not display. Instead, ***Province*** and ***Postal Code*** fields will be displayed.

Address:

Enter the street and number for the registrant’s current address.

Zip Code:

Enter the zip code for the city and state in which the registrant lives in the U.S. This is a free text field of 5 – 9 characters.

More...

**Item of special interest symbol**When a valid zip code is entered, the system populates the *City*, *State*, and *County* fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected.

If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.

If anything other than **United States** is selected in the *Country* field, the *Zip Code* and *State* fields will not display. Instead, *Province* and *Postal Code* fields will be displayed.

City:

Enter a city in which the registrant lives.

State/Province:

**State**: Enter the full state name in which the registrant lives in the U.S., if not already populated by the system via the *Zip Code* entry.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Province**: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

*Province* is not a required field.

Postal Code:

Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

*Postal Code* is not a required field.

Home Phone Number:

Enter the registrant’s home phone number.

Format: (XXX) XXX-XXXX

**required field symbol** Indicates Required Field

#### Save in Process

Item of special interest symbol**Note:** This button function is only available after an *Add New Person* has been started.

This option allows users the ability to save registrant records in a state of “In Process” so they can be returned to for completion at a later time.

In order to resume a registration that is “In Process”, the user must use the *Search and Add New Person* screen to find the “In Process” registrant and resume completion of the required screens and fields to register the Veteran.

If the registrant is registered in the system through VistA while their status is “In Process”, the user can only perform a **Cancel Registration**.

Reports provide information of registrations “In Process”. The user can use the *Search and Add New Person* screen to find and complete them.

#### Cancel Registration

Item of special interest symbol**Note:** This button function is only available for an “In Process” registrant.

Selecting the *Cancel Registration* option cancels the registration that is in progress, or a registration that has been resumed from being “Saved in Process”.

A warning message is displayed before the cancellation is processed after which the user is returned to the *Search and Add New Person* screen.

#### Status History

Item of special interest symbol**Note:** This button function is only available for an “In Process” registrant.

The Status History/Person Search screen allows users to see the current status of the ESR application status history.

**Item of special interest symbol** A user must have the appropriate *Capability* added to their security *User Profile* in order to view the registrant’s *Status History*. See the *Roles* and *Capability Sets* sections under *Admin* for more information.

Person Search

Application Signature Date:

This is the date the application was signed. This field is display only.

Application Method:

This is the method by which the application was received, either by phone, online, or in person. This field is display only.

Application Entry Date:

This is the date the application data entry process began. This field is display only.

Application Status:

This is the status of the application, i.e., “In-Process”. This field is display only.

Application Status Date Timestamp:

This is the timestamp for the status of the application. This field is system generated and is display only.

Application Completed Date:

This is the date the application was completed. This field is system generated and is display only.

User Completed the Application:

This is the date the user completed the application. This field is system generated and is display only.

#### Complete Registration

Item of special interest symbol**Note:** This button function is only available for a registration that is “In Process”, or a registration that has been resumed from being “Saved in Process”.

After completing all required fields on the relevant screens, the system runs consistency checks, saves the person data, updates MVI with additional identity data if any, sends request to MVI to add preferred facility correlation if none exists, determines eligibility, sends a query to VBA, sends a query to the MSDS Broker, then sends the data to the sites, including a bulletin alerting them to the new record.

### Admin

#### User Accounts/Search

This screen allows users to search for a user account by entering a *User ID*. Each person accessing the ES system must have a valid, pre-defined ID assigned to them. The administrator must establish/assign this ID prior to accessing the system. The assigned *User ID* will be identical to the *User ID* used to access the VHA network.

If an active *User ID* is found within the VHA domain but no active *User ID* is found within ES, the new *User ID* account can be added.

If an active *User ID* is not found within the VHA domain, but an active *User ID* is found within ES, the existing ES *User ID* account is disabled and an appropriate message is displayed.

If an active *User ID* is found within the VHA domain as well as within ES, the user is allowed to modify the *User ID* account information.

If the *User ID* entered is not on the system, an error message stating the *User ID is invalid or cannot be found as a VHA network ID*, is displayed.

User Account Search

required field symbolUser ID:

Enter the User ID for which you are searching.

**required field symbol** Indicates Required Field

#### User Account/Add

This screen allows the user to *Add* a *User Account* (with the appropriate permissions) to ES if the *User ID* is a valid VHA account.

The user must enter the following user account information:

Add User Account

User ID: (display only)

The assigned *User ID* will be identical to the *User ID* used to access the VHA network.

required field symbolLast Name:

Enter account user's last name.

Rules...

* May be up to 35 characters maximum.
* This is a required field.

required field symbolFirst Name:

Enter the user's first name.

Rules...

* May be up to 25 characters maximum.
* This is a required field.

Middle Name:

Enter the user's middle name.

Rules...

* May be up to 25 characters maximum.

required field symbolFacility:

Select from the dropdown listing.

Rules...

* This is a required field.

Functional Group:

*Functional Group* is only available for selection/entry if the *Facility* selected is HEC.

Job Title:

Enter the *Job Title* defined as the common name for a group of responsibilities based on duties performed.

Rules...

* This field is free text with a maximum length of 30.

**required field symbol** Indicates Required Field

#### User Account/Modify

This screen allows the user to modify the account information (with the appropriate permissions), if the active account is a valid VHA account and is found within ES.

The user may modify the following user account information:

Modify User Account

User ID: (display only)

The assigned *User ID* will be identical to the user ID used to access the VHA network.

required field symbolLast Name:

User may modify account user's *Last Name*.

Rules...

* May be up to 35 characters maximum.
* This is a required field.

required field symbolFirst Name:

This is the user's first name.

Rules...

* May be up to 25 characters maximum.
* This is a required field.

Middle Name:

This is the user's middle name.

Rules...

* May be up to 25 characters maximum.

required field symbolFacility:

Select from the dropdown list.

Rules...

* This is a required field.

Functional Group:

*Functional Group* will only be available for selection/entry if the *Facility* selected is **HEC**.

Job Title:

The *Job Title* is defined as the common name for a group of roles based on duties performed.

Rules...

* This field is free text with a maximum length of 45.

Agreement Signature Code: (display only)

When a user's account is initially created, the system will generate an "agreement signature code" that is required to be entered, by the user, the first time s/he logs into the system using the new user account.

Item of special interest symbolThe *Agreement Signature Code* is a six-digit, randomly generated code, consisting of characters and/or numbers.

Last Login Date: (display only)

Displays the last date and time the user logged into the system.

Account Lock Date:

This is the date the user’s account shall be locked. The administrator can set this date to suspend user’s access to the system as of date entered. This field is set automatically when a user attempts login after more than one year of inactivity. To unlock or reinstate the users account the administrator will clear this field.

**required field symbol** Indicates Required Field

#### User Profiles

##### User Profiles

###### User Profiles/Search for User

*Profile* information is used by the system to determine the *Role(s)* a user has and consequently, the *Capabilities* the user has while logged into ES. A user's *Profile* is basically the combination of *Roles*, *Capability Sets* and *Capabilities* that have been assigned to them by a user (generally an Administrator or Supervisor).

A user can add additional *Capabilities* to a user's *Profile* or delete *Capabilities* as needed. *Capabilities* can be added to a user's *Profile* individually or by adding/including one or more *Capability Sets* and/or one or more *Roles*.

This screen allows the user to search for a specific *User Name* by entering the required *First* and *Last Name*. *User ID* is used in the event there is more than one user with identical names.

The results of a successful search display the *Edit User Profiles* screen where the user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

Click on *View User Profiles* to display all users on the system.

**Search for User**

Minimum Search Criteria

required field symbolLast Name:

*Last Name* is defined as the user's last name.

Rules...

* Free text 1-35 characters in length.
* *Last Name* field is required.

required field symbolFirst Name:

*First Name* is defined as the user's first name.

Rules...

* Free text 1-35 characters in length.
* *First Name* field is required.

Additional Search Criteria

Middle Name:

*Middle Name* is defined as the user's middle name.

Rules...

* Free text 1-25 characters.

User ID:

The optional *User ID* is defined as the ID used to identify a user on the system. *User ID* is used in the event there is more than one user with identical names.

**required field symbol** Indicates Required Field

###### View User Profiles

This screen allows users to view all *User IDs* (*Profiles*) and their respective names on the system. From here users may click on a *User ID* to *Edit* the *User Profile*.

User Profiles

User ID

This is the user's identification on the system. Click on a *User ID* to *Edit* the *User Profile*.

Name

This is the name of the person associated with the User ID.

###### Edit User Profiles

A user can modify a user's *Profile* information, primarily by adding new *Capabilities*, but also by removing existing *Capabilities*.

To do so the user finds or locates, then selects, the desired user and views a list of *Roles*, *Capability Sets* and/or individual *Capabilities* that are "associated" with that selected user. The user then associates one or more additional *Roles*, *Capability Sets* or individual *Capabilities,* or the user can remove or disassociate an existing *Capability Set* or *Role* or an individual *Capability* from the selected user by de-selecting the *Capability Set* or *Role* or individual *Capability*, not associated with a set or role, from the "associated" list. All *Capabilities* de-selected in the associated list will be disassociated (removed) from the selected user while all *Capabilities* selected in the "available" list will be added/associated with the selected user.

The actor cannot remove or disassociate a *Capability* that is included in a *Role* or a *Capability Set*. While the user can expand a *Role* or *Capability Set* in order to view the individual *Capabilities* that are contained therein, s/he cannot "customize" the *Role* or *Capability Set* by excluding individual *Capabilities* in the *Role* or *Capability Set*. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets,* which are associated to the *Role* in their entirety. Likewise, a *Capability Set* is made of individual *Capabilities*, which are associated with the set in their entirety.

From this screen, the user can edit the user's *Profile* by adding or removing *Capabilities, Capability Sets,* and/or *Roles*.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

Role icon This icon indicates a *Role*.

capability set icon This icon indicates a *Capability Set*.

capability icon This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles* *and* *Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

Edit User Profile

User Name:

This is the *User Name* being edited (system generated).

Functional Group:

This is defined as the user's division/department.

Roles and Capabilities Assigned to User - Unselect to Delete

Select

Delete a *Role, Capability* or *Capability Set* assigned to a by clicking the check box to deselect.

When the user is satisfied with the selections, s/he "saves" the selections. The system modifies the selected user's profile by adding any new selections (*Capabilities*) and removing any de-selections that were made. *Capabilities* associated with a user's profile are not actually removed from the database, instead, they become "historical" information. This information may be viewed by clicking the VIEW HISTORICAL USER PROFILE link.

***More...***

item of special interest symbol When a *Role* or *Capability Set* is associated with a user, the capabilities included in the *Role* or *Set* are removed from the available list, as individual *Capabilities,* after the selections are Updated and Accepted.

Name

This is the name of the *Role, Capability* or *Capability Set*.

Active Date

This is the date the *Role, Capability or Capability Set* is active.

Rules...

* Active Date must be before the Inactive Date.
* Active Date cannot be in the past.

Inactive Date

This is the date the *Role, Capability or Capability Set* is inactive.

Rules...

* Inactive Date must be after the Active Date (Add Mode).

Roles and Capabilities Available to be Assigned - Select to Add

Select

This allows user to Add a *Role,* a *Capability Set,* or an individual *Capability*.

When the user is satisfied with the selections, s/he "saves" the selections. The system modifies the selected user's profile by adding any new selections (*Capabilities*) and removing any de-selections that were made. *Capabilities* associated with a user's profile are not actually removed from the database, instead, they become "historical" information. This information may be viewed by clicking the VIEW HISTORICAL USER PROFILE link.

More...

item of special interest symbol When a *Role* or *Capability Set* is associated with a user, the *Capabilities* included in the *Role* or *Set* are removed from the available list, as individual *Capabilities,* after the selections are Updated and Accepted.

Name

This is the name of the Role, Capability or Capability Set.

Active Date

This is the date the *Role, Capability or Capability Set* is active (system generated).

Inactive Date

This is the date the *Role, Capability or Capability Set* is inactive (system generated).

##### Roles

###### User Profiles/Roles

A user may define a new *Role* (with correct permissions), which is basically, a group of *Capabilities* a user may perform. *Roles* can be defined at any time and are created by selecting individual *Capabilities* and/or *Capability* *Sets* (a group of *Capabilities*). When defining a *Role*, the user first enters the *Role Name*, which identifies the *Role*. Then the user views a list of all *Capabilities* and *Capability Sets* that are available for adding to the *Role*. The user then selects the desired *Capabilities* and/or *Capability Sets* in order to associate them to the new *Role*.

While the user can expand a *Capability Set* in order to view the individual *Capabilities* that are contained in the set, s/he cannot “customize” the *Role* by excluding individual *Capabilities* that are contained in a set. In other words, a *Role* is made of individual *Capabilities* and/or *Capability Sets,* which are associated with the *Role* in their entirety.

From this screen, the user may view, edit, delete and see a history of all *Roles* on the system. Clicking on the *Role Name* displays the *Capability Set* permissions for the particular *Role*.

Any *Role* assigned to a user cannot be deleted. It has to be unassigned first before it can be deleted.

###### User Profiles/Roles/Add/Edit

This screen allows adding (or editing) an (existing) individual *Role* to the system with selected permissions and active and inactive dates.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

Role icon This icon indicates a *Role*.

Capability Set icon This icon indicates a *Capability Set*.

Capability icon This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles* *and* *Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

Add/Edit Role

When adding a *Role*, the user must enter a unique name for the *Role* s/he is defining. The name of the *Role* will be displayed when associating *Roles* to a user. If desired, the user can enter a date range, which specifies the period of time that a *Role* will be active and therefore available for use when assigned to a user.

Role Name:

(Edit mode) Displays the name of the role to be edited.

(Add mode) Enter the name of the role to be added to the system.

Rules...

* *Role Name* is a free-text field with a maximum of 50 characters.
* This is a required field when adding.

Role Description:

(Edit) Displays the *Role Description*.

(Add) Enter a short description of the role. Field is free text.

Active Date:

Displays the date the role became active. Enter a new date if desired.

Rules...

* Active Date must be before the Inactive Date.
* Active Date cannot be in the past.
* Format is mm/dd/yyyy.
* Optional (no date means the Role is active immediately)

Inactive Date:

Displays the *Inactive Date*. Enter a new date if desired.

Rules...

* Inactive Date must be after the Active Date.
* Format is mm/dd/yyyy.
* Optional (no date means the *Role* is active indefinitely)

Capability Sets and Capabilities Currently Assigned to Role - Unselect to Delete (Edit mode only)

Name:

This is the name of the *Capability Set* (permissions) which exists for the role name.

Remove the checkbox to unassign the *Capability Set*.

Active Date:

This is the date the *Capability Set* is active.

Inactive Date:

This is the date the *Capability Set* is inactive.

Capability Sets and Capabilities Available to be Assigned - Select to Add (Add or Edit mode)

Name:

This is the name of the *Capability Set* (permissions) available for adding to the role.

Put a check mark in the box to select. Click the name to expand the *Capability Set*.

Rules...

* A *Role* may exist without any *Capability Sets* and/or *Capabilities*.

Active Date:

This is the date the *Capability Set* will become active.

Inactive Date:

This is the date the *Capability Set* will become inactive.

From this page the user can see a history of changes that have been made to a particular *Role*. Changed values are displayed in red fonts and are indicated by a **data changed symbol** symbol in the **Data Changed** column.

Roles Change History

Change Times:

Select a date/time to view capability set changes made for this role.

History Change Details (*date/time selected*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Old Value** | **New Value** | **Data Changed** |

Role Name:

This indicates the particular *Role Name* with the *Old Value* and the *New Value*.

Role Description:

This is the *Role Description* with the *Old Value* and *New Value*.

Active Date:

This is the date the *Old Roles* and *New Roles* became active.

Inactive Date:

This is the date the *Old Roles* and *New Roles* became inactive.

Last Update Date:

These are the dates the *Role* changed from the *Old Value* to the *New Value*.

Last Updated By:

This displays the user who changed the *Role* from the *Old Value* to the *New Value*.

Assigned Capability Sets

Name:

This is the *Name* of the Old and New *Assigned Capability Sets*.

Active Date:

These are the Old and New *Active Dates* for the *Assigned Capability Set*.

Inactive Date:

These are the Old and New *Inactive Dates* for the *Assigned Capability Set*.

Assigned Capabilities

Name:

Indicates the *Name* of the Old *Assigned Capability* and the *Name* of the New *Assigned Capability*.

##### Capability Sets

###### User Profiles/Capability Sets

This screen allows user to add *Capability Sets* to the system.

*Capabilities* can be grouped together in two ways: 1) as *Capability Sets* and 2) as *Roles*. A *Capability Set* is a group (two at minimum) of *Capabilities*, while a *Role* may exist without *Capabilities* and/or *Capability Sets*.

It also allows the user to Edit/Delete *Capability Sets* and view the Change History of existing *Capability Sets* on the system. The user may assign/associate as many *Capabilities* as desired to each user, depending on the responsibilities or job activities performed by the user. A user will have all of the *Capabilities* contained in the distinct and complete list of the combined or cumulative *Capabilities* associated to the *Roles*, *Capability Sets* and individual *Capabilities* assigned to the user.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

Role icon This icon indicates a *Role*.

Capability Set icon This icon indicates a *Capability Set*.

Capability icon This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles* *and* *Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

###### Capability Sets/Edit/Add Capability Set

This screen allows adding (or editing) an existing individual *Capability Set(s)* to the system with selected permissions and active and inactive dates.

To aid in identifying collapsed **R**oles, **C**apabilities, and **S**ets of Capabilities, three icons are used. They are identified as follows:

Role icon This icon indicates a *Role*.

Capability Set icon This icon indicates a *Capability Set*.

Capability icon This icon indicates an individual *Capability*.

To expand individual *Roles* or *Capability Sets*, click the individual *Role* or *Capability Set*. Click again to collapse.

To expand all *Roles* *and* *Capabilities Assigned to a User* and *to be Assigned*, click the Expand All hyperlinks. Click again to collapse.

When new, individual *Capabilities* are selected for the user, the user may enter the date the *Capability* will become active and/or inactive. The user may override the default *Active Date* (current date) and may optionally enter an *Inactive Date* for each individual *Capability* that is to be associated with the user. Additionally, the user may modify the *Active* and *Inactive Date* for existing, individual *Capabilities* associated with the selected user, if desired.

Edit Capability Set

Set Name:

(Edit mode) Displays the name for the *Capability Set* (system generated).

(Add mode) Enter a unique name for the *Capability Set*. Make it short but descriptive.

Rules...

* (Add mode) This is a required field.

Set Description:

(Edit mode) Displays a description of the *Capability Set* describing sufficiently what it allows the user to do (system generated).

(Add mode) Enter a longer description of the *Capability Set* describing sufficiently what it allows the user to do.

Active Date:

(Edit Mode) Displays the date the *Capability Set* will become active.

(Add Mode) Enter the date the *Capability Set* will become active.

Rules...

* *Active Date* must be before the *Inactive Date* (Add Mode).
* *Active Date* cannot be in the past.

Inactive Date:

(Edit Mode) Displays the *Inactive Date* for the *Capability Set*.

(Add Mode) Enter the date the *Capability Set* is to become inactive.

Rules...

* *Inactive Date* must be after the *Active Date (Add Mode).*

Capabilities Currently Assigned to Set - Unselect to Delete (Edit mode only)

Delete one or more *Capability Sets* from the list by removing the checkmark in the box next to the set name. Click again to add it back in.

Item of special interest symbolAt minimum, there must be two *Capabilities* assigned to a *Capability Set*.

Capabilities Available to be Assigned to Set - Select to Add (Add or Edit mode)

Choose one or many *Capability Sets* from the list by placing a checkmark in the box next to the set name. Click again to remove.

To accept changes, click the ***Update*** button (Edit mode) or ***Add*** button (Add mode).

###### Capability Sets/Capability Set Change History

From this page the user can see a history of changes that have been made to a particular *Capability Set*. Changed values are displayed in red fonts and are indicated by a **data changed symbol** symbol in the **Data Changed** column.

Capability Set Change History

Change Times:

Select a date/time to view *Capability Set* changes history.

History Change Details  (*date/time selected*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Old Value** | **New Value** | **Data Changed** |

Set Name:

Indicates the Old and New *Set Names* for the *Capability Sets*.

Set Description:

Indicates the Old and New *Set Descriptions* for the *Capability Sets*.

Active Date:

This indicates the Old and New *Active Dates* for the respective *Capability Sets*.

Inactive Date:

This indicates the Old and New *Inactive Dates* for the respective *Capability Sets*.

Last Updated Date:

These are the dates the *Capability Set* changed from the *Old Value* to the *New Value*.

Last Updated By:

This displays the user who changed the *Capability Set* from the *Old Value* to the *New Value*.

Assigned Capabilities

In this area are displayed the individual capabilities that make up the capability *Set Name* shown above in the same column.

|  |  |  |
| --- | --- | --- |
|  | **Old Value** | **New Value** |

#### System Parameters

This screen allows the user to change certain system parameter values. The parameters are described below and in the Description section of the ES application *System Parameters* page.

Only the role of *System Administrator* can modify system parameters, as long as the *Capability Set* of **Administer System Parameters** or the *Capability* of **View System Parameters** is assigned. Only the values of the parameters may be changed.

The parameters that can be changed are:

Agent Orange Special Treatment Authority Exp Date

This date is set to the current date anytime the Agent Orange Special Treatment Authority Indicator is changed from "Y" to "N".

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

item of special interest symbolDue to a database non-null constraint, the default value is a single space.

Agent Orange Special Treatment Authority Indicator

This system parameter indicates whether or not the Agent Orange Special Treatment Authority has expired. The default "Y" means that it has not expired and it is still in effect. When this value is changed from “Y” to “N”, the *Agent Orange Special Treatment Authority Expiration Date* is set to the current date.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Default is “Y”.

[Archive Reports Parameter](javascript:kadovTextPopup(this))

This system parameter specifies how long the system will wait until it archives Completed Reports.

Default is 24 months.

CL\_VISTA\_FULL\_ROLLOUT

The CL VISTA FULL ROLLOUT system parameter allows selective control of VistA sites to receive HL7 Z11 messages which include Camp Lejeune (CL) data. Valid parameter values include: "ALL", "NONE", single site, or a comma separated list of sites.

The parameter value of "NONE" will exclude CL data from all HL7 messaging to any VistA destination. Note that the initial value for the parameter is set to "NONE" when deployed to any new Enrollment System environment.

The parameter value of "ALL" will include CL data in HL7 messaging to all VistA destinations. The parameter value should be set to "ALL" for a national production VistA release of Camp Lejeune - Veterans.

The parameter value can be set to a single VistA site value. Note that no error checking is done to validate site values. For example "463" will include CL data only to the Alaska VAMC.

The parameter value can be set to a comma separated list of sites when multiple, but not all VistA sites should receive CL data. Note that no error checking is done to validate site values, only formatting checks are performed. The comma separated list cannot contain any spaces. For example: "442,553,123" (include CL data in ZEL segments for only those VistA destinations identified for Initial Operating Capabilities).

The parameter value cannot be left blank; a valid format as described above must be entered.  
When a list of VistA sites is indicated, the parameter value will accept up to 250 characters.  
The only special character allowed (i.e., non-alphanumeric) is a comma.  
The parameter value is not case sensitive.

Default Handbook Batch Release Control Number

This system parameter represents the default release control number to be used with a Batch Release, unless changed by the user.

This is the version of the Handbook that will be mailed to the Veteran. It remains the same until a major change is made to the Handbook or a new regulation requires distributing a new version of the Handbook.

Default value is 1, but can be changed to any number up to 999.

Duplicate Threshold Value

This value is used by the duplicate identification routine to determine the likelihood that a duplicate spouse and/or dependent record exists. If the total score is greater than or equal to this threshold value, the two records in question are considered potential duplicates. MPI/PSIM will notify HEC when a duplicate beneficiary pair is identified.

Default is 60.

ES SID Indicator

This system parameter is used to turn on/off the ability to enter the Self-Identified Gender Identity field. Y=Active and N=Inactive.

The Self-Identified Gender Identity functionality is currently inactive. It will remain as "N" until MVI is ready.

Default is “Y”.

Enrollment Regulation Date

This system parameter stores the effective date of the regulation to relax restrictions on enrollment in Priority Group 8.

The date of the Enrollment Regulation was 6/15/2009.

Failed Attempts

This is the maximum number of unsuccessful login attempts allowed by the system.

The default is 3, after which the user will be "locked" and therefore prevented from further attempts to login until the account is "reset" by the system or by an administrator.

HANDBOOK ROLL OUT OVER

This system parameter is used to turn the new enrollment trigger on and off. If the value is set to “N”, the trigger will not generate 400H (handbooks) for new enrollments.

This trigger allows the Batch Handbook Manager to schedule batch mailings for all Veterans by site and priority. Incoming new enrollments will not receive a Handbook until they are selected through the batch tool. Once all Veterans have received a Handbook, the new enrollment trigger will be turned on (“Y”) and Veterans will automatically get a Handbook instead of a “Welcome Letter” when they enroll.

A "Y" value means the new enrollee triggers are active.

This parameter will initially be set to “N” until all Veterans have received a Handbook (Roll Out).

HBP Data Sharing Indicator

This system parameter determines whether the ZHP segment will be shared in the Z11 VistA message “Y” or not “N”.

Health Benefit Plans will be shared with VistA if and only if this flag is set to "Y”.

The system default is “N”.

Handbook Active

This system parameter activates “trigger” events that prompt the sending of Handbook communications to the Content Management System (CMS). One example of a “trigger” event is a change in *Preferred Facility* for a Veteran.

Handbook communications will be sent to the CMS if and only if this flag is set to "Y”.

The system default is “Y”.

IVM DM IY Cut Off Date

This system parameter specifies the month and day within the year when the Current Data Migration Income Year Changes to the next Income Year.

The default date is June 10th.

IVM Final Letter Indicator

This system parameter indicates if the IVM Final Letters can be sent (Y) to the CMS vendor or not (N).

MSDS Reconciliation Indicator

This system parameter indicates if the MSDS Reconciliation process is active “Y” or not active “N”.

item of special interest symbolThe purpose of this and the *MSDS Service Indicator* parameter is to control the building of the HEC Military Service Data record from the existing HEC record and individual site specific records and the sending of MSDS Broker Service queries.

To this end, prior to invoking the Military Service Data Sharing (MSDS) Service, ES will build (reconcile) an accurate military service record from the multiple site records that exist for a Veteran.

This reconciliation (seeding) will be run prior to invoking the MSDS Broker Service by setting the *MSDS Reconciliation Indicator* to “Y”.

While the MSDS Reconciliation Indicator is set to “Y”, the MSDS Service Indicator will be set to “N” to prevent incoming Z07 records from triggering a query to the MSDS Service.

Once the seeding has completed and the MSDS Service has been invoked, the MSDS Reconciliation Indicator is set to “N”, and the MSDS Service Indicator is set to “Y”, allowing incoming Z07 records to trigger a query to the MSDS Service.

MSDS Service Indicator

This system parameter indicates if the MSDS Service is active “Y” or not active “N”.

(See) MSDS Reconciliation Indicator for more details.

Maximum Retransmission Count

This system parameter represents the total number of times the system will re-transmit a message that has not been acknowledged.

Default is 3.

Maximum Retransmission Count for EGT

This system parameter represents the total number of times the system will re-transmit a message that has not been acknowledged for EGT Execution type.

Default is 120.

Maximum Number of Records to CMS

This is the maximum number of Handbook and Insert requests that can be sent to CMS.

Default is 100,000 per Handbook bulk generate process, which creates entries in the Handbook mail queue, which is sent to CMS via the Handbook batch process. This is the number CMS can currently process per week.

More...

**Note**: Batch Program #1 (Handbook bulk generate process) and Batch Program #2 (Handbook batch process) are two different programs and perform 2 separate functions.

Batch Program #1 processes all records and inserts them into the handbook\_mail\_queue table.

Batch Program #2 processes the records from the handbook\_mail\_queue table and creates the data extract file that is sent to CMS. When the 100k records mark is reached in the CMS\_data\_Extract file, it stops because of an agreement with CMS to send only 100k records per week, which is controlled by this parameter.

**Example**:

User creates HandBook Batch Request #1 and sets the limit (*Maximum Records*) to 60K.

User creates HandBook Batch Request #2 and sets the limit (*Maximum Records*) to 50K.

Batch Program #1 (Handbook bulk generate process) processes these Batch Requests #1 and #2 and creates entries in the Handbook mail queue. The result is 110K Handbook mail queue entries (this assumes there are 110K Veterans that satisfy the criteria set in Batch Requests #1 and #2).

The 110K Handbook mail queue entries number is greater than the 100K limit set in this ***Maximum Number of Records to CMS*** *System Parameter.*

Batch Program #2 (Handbook batch process) processes only 100K, per the ***Maximum Number of Records to CMS*** *System Parameter* limit, and the remaining 10K are processed in the next run.

Purge [Archive Reports Parameter](javascript:kadovTextPopup(this))

This system parameter specifies how long the system will wait, after the archive, until it purges Archived Reports.

Default is 24 months.

Retransmit Days

This system parameter represents how long the system will wait for an acknowledgement before re-transmitting the message.

Default is 3 days.

Retransmit Days for EGT

This system parameter represents how long the system will wait for an acknowledgement before re-transmitting the message for EGT Execution type.

Default is 1 day.

Retransmit Execution Period

This system parameter represents how often the Transmission Log is queried to locate messages for re-transmission.

Default is 24 hours.

Retransmit Execution Period for EGT

This system parameter represents how often the Transmission Log is queried to locate messages for re-transmission for EGT Execution type.

Default is 1 hour.

SSA SSN Verification Frequency

This system parameter represents the frequency with which the system will select SSNs (beneficiary, spouse, and dependent) to transmit to the Social Security Administration for verification.

Default is 1 week.

SW Asia Cond. Special Treatment Authority Exp Date

This date is set to the current date anytime the SW Asia Conditions Special Treatment Authority Indicator is changed from “Y” to "N".

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

item of special interest symbolDue to a database non-null constraint, the default value is a single space.

SW Asia Cond. Special Treatment Authority Ind

This system parameter indicates that the SW Asia Conditions Special Treatment Authority has not expired. The default "Y" means that it has not expired and it is still in effect.

When this value is changed from “Y” to “N”, the SW Asia Conditions Special Treatment Authority Expiration Date is set to the current date.

A user with the assigned capability of “Administrator” can reset the switch and the date in the event of an emergency situation.

Default is “Y”.

VBA Data Sharing Indicator

This parameter determines if the sharing of VBA Pension Data via the new ZE2 segment is active (“Y”) or not active (“N”).

After all VistA sites have received the appropriate patch enabling them to receive the new ZE2 segment, the *VBA Data Sharing Indicator* will be set to “Y”.

Default is “N”.

VFA Start Date

The VFA initiative will reduce the need for Veterans to provide updated financial information to the VA annually to re-establish their eligibility for VA healthcare benefits. New enrollees and Veterans whose Means Tests expired prior to the *VFA Start Date* will be required to submit income information.

This parameter is the effective date on which the Veteran Financial Assessment (VFA) begins.

Default is “01/01/2013”.

VOA Anonymous/Level 1 Process Indicator

This parameter is used to moderate the processing load of VOA Anonymous/Level 1 applications: (Y) will create a workload case for each person record not found in MVI; (N) will redirect the applications to facility.

#### Batch Process Management

The *Batch Process* invoker manually initiates selected ES Batch Processes that perform predefined functions.

Batch Process Management

Name

This is the name of the particular batch process. Click on the desired batch process link to add any desired argument.

Description

This is a full description describing what the particular batch process does.

Next Scheduled Fire Time

This is the time the batch process is next scheduled to run.

Scheduled Trigger Status

This is the status of the scheduled batch process.

Actions

These are the various actions that can be executed for the respective *Batch Process*.

***Execute***

Clicking the ***Execute*** button allows immediate execution of the *Batch Process*.

***Execute with Args***

The user may specify arguments that will be passed to the batch process. It should be noted that not all batch processes support arguments. See the Operations Manual for specifics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Description** | **Next Scheduled Fire Time** | **Scheduled Trigger Status** |
| This is the *Batch Process* job name. | This is a description for the particular *Batch Process*. | This is the next date/time the *Batch Process* is scheduled to run. | This is the scheduled trigger status for the Batch Process. |

**Invocation Args (if supported):**

Enter here any supported Arguments.

***Config***

This action allows the user to customize a batch process configuration. A user can specify an e-mail distribution list and set the trigger status to **WAITING** (the batch process will run at its next scheduled execution date/time) or **PAUSED** (the batch process is put "on hold" and will not run until the status is set back to **WAITING**).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Description** | **Next Scheduled Fire Time** | **Scheduled Trigger Status** |
| This is the *Batch Process* job name. | This is a description for the particular *Batch Process*. | This is the next date/time the *Batch Process* is scheduled to run. | This is the scheduled trigger status for the Batch Process. |

**Email Distribution List:**

Enter here any email distributions.

**Trigger Status:**

Allows the user to update the *Trigger Status* between **Waiting** and **Paused**.

***History***

This action allows the user to view the *Batch Process* run history.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Description** | **Next Scheduled Fire Time** | **Scheduled Trigger Status** |
| This is the *Batch Process* job name. | This is a description for the particular *Batch Process*. | This is the next date/time the *Batch Process* is scheduled to run. | This is the scheduled trigger status for the Batch Process. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Run By** | **Status** | **Statistics** |
| This is the Date/Time the *Batch Process* was started. | This is the Date/Time the *Batch Process* completed. | This is the function that initiated the Batch Process. | This shows the Batch Process status. | This displays statistical information for the Batch Process. |

#### Actively Running Batch Processes

This screen displays the currently running, and recently run batch processes that encountered an error. There are two "Actions" a user can perform on the listed batch processes: **Cancel** and **Error**.

Once completed, they can be seen in the Actions/History section of the Batch Process Management tab.

Actively Running Batch Processes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Start Date** | **Run By** | **Statistics** | **Actions** |
| This is the Batch Process job name. | This is the Date/Time the *Batch Process* completed. | This is the function that initiated the *Batch Process*. | This displays statistical information for the *Batch Process*. | These are the actions available for the *Batch Processes*. They are:  **Cancel** - *allows the user to cancel (or stop) a currently running process* **Error** - *allows the user to remove a Batch Process that encountered an error from the Active list* |

#### E&E Service

##### E&E Service/Service Accounts

###### E&E Service Account Management

The Enrollment System (ES) supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to ES, carrying out the system specific information request.

For this service, the HEC defines the “views” of data that are provided to authorized service consumers (*Service Accounts*). Each *Service account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

Example *Service Requests* are: *Person Demographics*, *Person Eligibility* information, etc.

The *E&E Service* *Account Management* list screen enables HEC users to view current existing *Service Accounts*, update existing *Service Accounts,* or add a new *Service Account* for the E&E Web Service interface user.

**Add New Service Account**

This Add New Service Account link allows the HEC user to add a new Service Account. See the Add New Service Account section for more information.

E&E Service Account Management

Account Name

Click on an *Account Name* to edit/update the *Service Account*.

Contact Name

Displays the current *Contact Name* for the *Account Name*.

Phone:

Displays the current *Phone* number for the *Account Name*.

Active:

Indicates whether this service account is active or not. **Yes** indicates it is active.

##### E&E Service/E&E Service Accounts

###### E&E Add Service Account

The *E&E Add Service* *Account* screen enables the user to add new *Service Accounts*.

Add Service Account

required field symbolAccount Name:

This is a required freeform field. Enter an account name for the new service account.

required field symbolPassword:

This field requires a password for the new service account.

Rules...

* Passwords must be a minimum of 8 characters and a maximum of 32 characters.
* Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^$%$&\*-\_ +=).
* Passwords are case sensitive.

item of special interest symbolPasswords are "masked" with “dots” so they may not be read/viewed when displayed to the user, when entered by the user or when displayed to the administrator.

required field symbolContact Name:

This is a required freeform field. Enter a contact name for the new service account.

required field symbolPhone:

This is a required freeform field. Enter a contact phone number for the new service account.

Rules...

* The contact phone number maximum length is 13.

required field symbolActive:

This required field must be set to **Yes** or **No** to make the new service account either Active (Yes) or Inactive (No).

***For this service account please select from the following Requests:***

User may select the service request type by marking the desired checkbox. The user has the option of selecting all of the available account information or just a portion.

When finished, click the ***ADD*** button to add the *Service Account* and return to the *E&E* *Service Account Management* list screen, or ***CANCEL*** to return to the *E&E* *Service Account Management* list screen without adding the *Service Account*. The ***RESET*** button will clear any values entered in all of the fields.

required field symbol Indicates Required Field

##### E&E Service/E&E Service Accounts

###### E&E Update Service Account

The *E&E Update Service* *Account* screen enables the user to update existing *Service Accounts*.

While therequired field symbol fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

**Add New Service Account**

This Add New Service Account link allows the HEC user to add a new *Service Account*. Seethe *Add New Service Account* section for more information.

Update Service Account

required field symbolAccount Name:

User may update the *Account Name*. This is a freeform field.

required field symbolPassword:

User may update the *Password*. Selecting the *Change Password* check box enables the user to update the password.

***More…***

The password field cannot be changed from within the field itself. To change the password field, the user must first mark the *Change Password* checkbox. After doing so, the system deletes the current password in the *Password* field and allows the user to enter a new password.

Rules...

* Passwords must be a minimum of 8 characters and a maximum of 32 characters.
* Passwords must contain at least three of the following 4 types of characters: lower case letters, upper case letters, numbers and special characters (!@#^$%$&\*-\_ +=).
* Passwords are case sensitive.

item of special interest symbolPasswords are "masked" with “dots” so they may not be read/viewed when displayed to the user, when entered by the user, or when displayed to the administrator.

required field symbolContact Name:

User may update the *Contact Name*. This is a freeform field.

required field symbolPhone:

User may update the *Phone* number. This is a freeform field.

Rules...

* The contact phone number maximum length is 13.

required field symbolActive:

User may change a **Yes** to **No**, or vice versa. It may also be left unchanged.

***For this service account please select from the following Requests:***

User may change the service request type by marking a different checkbox. The user has the option of selecting all of the available account information or just a portion.

When finished, click the ***UPDATE*** button to update the *Service Account* and return to the *E&E* *Service Account Management* list screen, or ***CANCEL*** to return to the *E&E* *Service Account Management* list screen without making any changes. The ***RESET*** button will reset all of the fields to their previous values.

required field symbol Indicates Required Field

##### E&E Service/Service Requests

###### E&E Service Request Management

Each *Service Request* consists of a group of data elements, logically categorized, that the requester is authorized to see. Examples of service requests are: Person Demographics, Person Eligibility information, etc.

A *Service Request* can be shared by many *Service Accounts*.

The *E&E Service* *Request Management* list screen enables HEC users to view current existing service requests, update existing requests, or add a new service request.

**Add New Service Request**

This link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

E&E Service Request Management

Request Name

Click on a Request Name to edit the Service Request.

Description

Displays a more descriptive label for the *Request Name*.

##### E&E Service/Service Requests

###### E&E Add Service Request

The *E&E Add Service* *Request* screen enables the user to add a Service Request.

Add Service Request

required field symbolRequest Name

User must enter a *Request Name*. This is a freeform field.

required field symbolDescription

User must enter a *Description*. This is a freeform field.

eeSummary

User is required to select a minimum of one service request.

***More…***

By default, the **eeSummary** folder is collapsed and unselected as indicated by the red box with a white Red Box with Whilte X. When the user clicks the plus sign next to the red box, the **eeSummary** folder expands to show all available folders under it.

These “child” folders can be expanded using the same method as with the **eeSummary** “parent”folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain. One example may be **eeSummary.demographics**. Once expanded, this folder would display various groups of demographic data for the Veteran.

In the above example, the demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark green checkbox to indicate they are selected.

Or, to select all of the demographic information under the **eeSummary.demographics** folder, simply click the red box with a white X next to the folder. After doing so, all of the red boxes with a white X under the **eeSummary.demographics** folder will change to a green box with a white checkmark, including the red box with a white X next to the **eeSummary.demographics** parent folder.

If a collapsed folder has a green box with a white checkmark next to it, that indicates that all of its children and sub-groups are selected as well.

If a collapsed folder has a red box with a white X next to it, that means none or only some children and sub-groups are selected.

When finished, click the ***ADD*** button to add the *Service Request* and return to the *E&E Service* *Request Management* list screen, or ***CANCEL*** to return to the *E&E Service* *Request Management* list screen without adding the *Service Request*. The ***RESET*** button will clear any values entered in all the fields.

required field symbol Indicates Required Field

##### E&E Service/Service Requests

###### E&E Update Service Request

The *E&E Update Service* *Request* screen enables the user to update existing Service Requests.

While therequired field symbol fields indicate they are required, updates to these fields are optional. However, if a field value is deleted, a replacement value must be entered. These required fields cannot be blank.

**Add New Service Request**

This link allows the user to add a new *Service Request*. See the *Add New Service Request* section for more information.

Update Service Request

required field symbolRequest Name

User may update the *Request Name*. This is a freeform field.

required field symbolDescription

User may update the *Description*. This is a freeform field.

eeSummary

User may update the service requests.

When finished, click the ***UPDATE*** button to update the *Service Request* and return to the *E&E Service* *Request Management* list screen, or ***CANCEL*** to return to the *E&E Service Request Management* list screen without making any changes. The ***RESET*** button will reset all of the fields to their previous values.

required field symbol Indicates Required Field

#### HandBook Batch Request (Add)

The *HandBook Batch Request* (Add) provides the user with the appropriate *Capability*, the ability to request a *Veterans Benefit HandBook* containing eligibility and benefit information for the Veteran for new enrollments, and periodically thereafter. It also provides a communication Insert whenever there is a change in *Eligibility Status*, *Preferred Facility* or *Priority Group* change.

After an initial rollout period, the HandBook or HandBook Insert will be provided for new enrollments and whenever there is a change in *Eligibility Status*, *Preferred Facility* or *Priority Group*.

The HandBook will be available to Veterans through mail, email, or online via the MyHealth***e***Vet website. The default delivery preference for the HandBook is by mail.

HandBook Batch Request View Historical

The View Historical link displays the HandBook Batch Request page listing all current and previously scheduled batch requests, as well as cancelled requests.

required field symbolRelease Date:

Enter the scheduled *Release Date* for the batch.

***More...***

This is the projected date that the batch request will execute to select Veterans to receive a HandBook.

Rules...

* *Release Date* requires a precise date.
* *Release Date* must be a current or future date.

required field symbolPreferred Facility

User must select a *Preferred Facility* (PF) and a *Priority Group*.

To select a *Preferred Facility*, choose one or more PFs from the “Available” selection box on the left by clicking on the PF, then clicking on the right arrow to move your selection over to the “Selected” box.

|  |  |  |
| --- | --- | --- |
| Available |  | Selected |
| The user may select none, one or more than one *Preferred Facility*(ies) by clicking on the selection, then clicking the arrow pointing to the “Selected” box on the right. | 🡪  🡨 | The selected *Preferred Facilit*y(ies) display in this box. To deselect, click on the selection in this box, then click on the arrow pointing to the “Available” box. |

required field symbolPriority Group:

Select all or one *Priority Group*.

More...

The user should enter the lowest PG to be included in the batch request. The system will include all PGs starting with the highest (PG1 being the highest PG) until the batch is full.

For example, if the user selects *PG3 (Service-connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor),* the system begins to fill the batch with *PG1 – (Service-connected 50% to 100%)*, then *PG2 – (Service-connected 30% to 40%)*, and lastly *PG3 (Service-connected 10% to 20%, Prisoner of War (POW), Purple Heart, or Medal of Honor)* until the batch is full.

required field symbolMaximum Records:

Enter a maximum batch file size greater than zero and less than one million.

item of special interest symbolKeep in mind that the current weekly limit of records the CMS vendor can print is 100K.

The default value is one thousand.

Release Control #:

This represents the default *Release Control #* (RCN) to be used, unless changed by the user.

The default value is set via the ***Default HandBook Batch Release Control Number*** *System Parameter*.

item of special interest symbol**Important Note:** This is the version of the HandBook that will be mailed to the Veteran. It remains the same until a major change is made to the HandBook or a new regulation requires distributing a new version of the HandBook. It should only require changing once or twice a year as a rule.

If the user has the appropriate *Capability* to change the RCN, they may do so by selecting from the dropdown. If the user changes the RCN to a number other than the default, the system will ask if the user wants to change the default RCN.

If the user selects “No”, only this batch will have the non-default RCN.

If the user selects “Yes”, the default RCN will be changed.

Be warned that when the default RCN is changed, new triggers will initiate new HandBooks being sent to Veterans who have received a previous version, based on the pervious default RCN, but will now receive a new version, based on the new default RCN.

Notes:

Enter up to 240 characters of notes about the batch request.

After filling in all required fields, click the Add button to schedule or run the HandBook batch request. Click the Reset button to reset all filled-in fields and start over. Click Cancel to leave the page without saving and display the HandBook Batch Request (View Historical) page.

required field symbol Indicates Required Field

#### HandBook Batch Request (View Historical)

The *HandBook Batch Request* (Historical) page displays a listing all current and previously scheduled batch requests, as well as cancelled requests.

HandBook Batch Request Add New HandBook Batch Request

Any current or historical *HandBook Batch Requests* are listed.

Release Date

This is the scheduled *Release Date* for the batch or the day the batch job was scheduled to be executed. User may click on the batch *Release Date* hyperlink to display batch request statistics for the desired batch request on the *HandBook Batch File Request Statistics* page.

More...

Information from the previous six months is displayed.

The list is first sorted by *Release Date* in descending order (most recent on top), and second by *Created Date* in descending order.

Batch Note

This indicates any notes the user added to the batch request.

Release Control

This is the particular version of the Handbook and may be the same for multiple batch requests.

Priority Groups

This is the Priority Group(s) used by the batch to select Veterans to receive Handbooks.

Maximum # of Records Requested

This represents the maximum batch size for the scheduled batch.

Actual Batch Release Size

For a batch request with a *Status* of NEW, the *Release Size* is an estimated count of records to be processed. If the *Status* is COMPLETED the *Release Size* is the actual count of records processed.

Status

This represents the status of the scheduled batch job and may be NEW (pending execution), CANCELLED, or COMPLETED. For a batch request in NEW status, the release size is an estimated count of record.

Created Date

This is the date on which the user scheduled the batch job.

Status Modified Date

This is the date the status of the batch job changed to the current status.

Cancel

If the batch job is scheduled, clicking on the Cancel link will cancel the scheduled batch job. If the batch job displays a *Status* of CANCELLED, this field is blank.

#### Handbook Batch Request Statistics

This page is displayed when the user clicks on the Batch Release date hyperlink from the *HandBook Request* (View Historical) page to display batch file request statistics for the desired batch request.

Batch Request Statistics for the date: mm/dd/yyyy View Historical

The View Historical link displays the *Handbook Batch Request* page listing all current and previously scheduled batch requests, as well as cancelled requests.

***Batch Note***

These are batch notes added by the user when creating the batch request.

Maximum # of Records Requested

This is the number of records selected by the user on the batch request page.

Actual Batch Release Size

This is the number of records selected by the batch program HandBook bulk generate.

Records Rejected by HEC

This is the number of records rejected by the HandBook batch program.

Records Sent To CMS

This is the number of records sent to CMS vendor.

Records Mailed By CMS

This is the number of records mailed by CMS vendor.

Records Available Online

This is the number of records successfully generated but not mailed because the delivery preference is Online.

HandBooks Stored in VBR

This is the number of HandBooks stored in VBR.

Benefits at a Glance Stored in VBR

This is the number of Benefits at a Glance stored in VBR.

Records Rejected by CMS

This is the number of records rejected by CMS (included in the Error File).

Records with Code 1 Reject

This is the number of records with Code 1 Reject error.

Records Returned by USPS

This is the number of records returned by the USPS.

*Total Count:*

This is the total number of records for the respective columns.

#### HandBook Batch File Statistics

This page displays when the user clicks on the *HandBook Batch File Statistics* selection from the ***Admin*** button in the Button Bar.

The user can view, for a specific date, statistics related to the weekly generation of HandBook and insert requests included in the batch file and sent to the Content Management System (CMS), including requests generated from the batch request process and handbook/insert generation requests generated by system triggers, such as new enrollees or priority group changes.

HandBook Batch File Statistics

This page allows the user to view a list of dates (not exceeding 6 months) that represent when the HandBook batch file was sent to CMS.

HandBook Batch File Processing Date:

Select a batch file processing date from the dropdown. When done, click the ***View Data*** button.

HandBook Batch File Statistics Select HandBook Batch File Processing Date

Clicking on the Select HandBook Batch File Processing Date hyperlink returns the user to the *HandBook Batch File Statistics* processing date selection page to select a different batch file processing date from the dropdown.

Batch File Date

This is the date the HandBook batch file was sent to CMS.

# of Batch Requests

This is the number of batch requests included in the batch file and sent to CMS on the selected date.

Records Originated From Batch Request

This is the number of records sent to CMS that originated from the batch request.

Records Sent To CMS

**HandBooks**

This is the total number of *HandBook* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by system triggers, such as new enrollees or priority group changes.

**PF Inserts**

This is the total number of *PF Inserts* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by system triggers, such as new enrollees or priority group changes.

**Benefits Inserts**

This is the total number of *Benefit Inserts* generation requests sent to CMS. This includes the requests generated from weekly batch requests plus requests generated by system triggers, such as new enrollees or priority group changes.

Records Mailed By CMS

This is the number of HandBooks successfully mailed to the Veteran from the batch file sent to CMS on the selected date.

Records Available Online

This is the number of HandBooks successfully generated from the batch file sent to CMS on the selected date, but not mailed because the delivery preference is Online.

HandBooks Stored in VBR

This is the number of HandBooks stored in VBR from the batch file sent to CMS on the selected date.

Benefits at a Glance Stored in VBR

This is the number of Benefits at a Glance stored in VBR from the batch file sent to CMS on the selected date.

Records Rejected by CMS

This is the number of records rejected by CMS from the batch file sent to CMS on the selected date.

Records with Code 1 Reject

This is the number of records with Code 1 Reject from the batch file sent to CMS on the selected date.

Records Returned by USPS

This is the number of records returned by USPS from the batch file sent to CMS on the selected date.

#### IRS Reject Management

##### Managing Rejections

Batch submission rejections and individual record rejections (errors returned specific to a Veteran record) are collected and display.

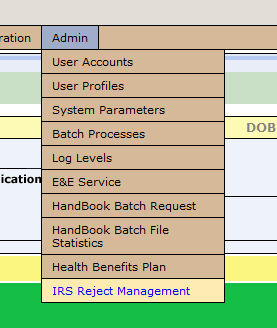


Figure : Admin>IRS Reject Management

The IRS Reject Management page contains two tabs.

Person Submissions

Listing of individual Veterans submissions that were rejected by the IRS, due to an error in the data submission.

Records on this page require end user involvement to correct the error and submit a corrected transmission.

Batch Submissions

Listing of batch submissions (transmission containing many individual submissions) that failed or were rejected.

All records contained in batch submissions remain unprocessed and display on the ACA Reporting sub tab as Error Reason: Batch Transmission Reject.

**Note:** The OI&T technical staff manage and correct the records listed on the IRS Reject Management page.

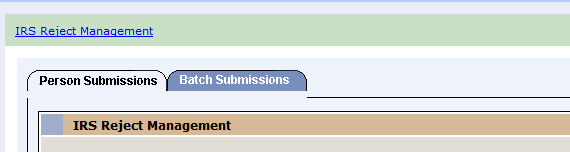


Figure : IRS Reject Management>Person Submissions or   
Batch Submissions>IRS Reject Management page

##### Rejected Person Submissions

The IRS Reject Management page displays with a VPID link to search for and access a Veteran’s record and an Error Reason, a column for the descriptions of the error messages returned by the IRS or of the errors that must be corrected on the Veteran’s record prior to resubmitting the transmission.

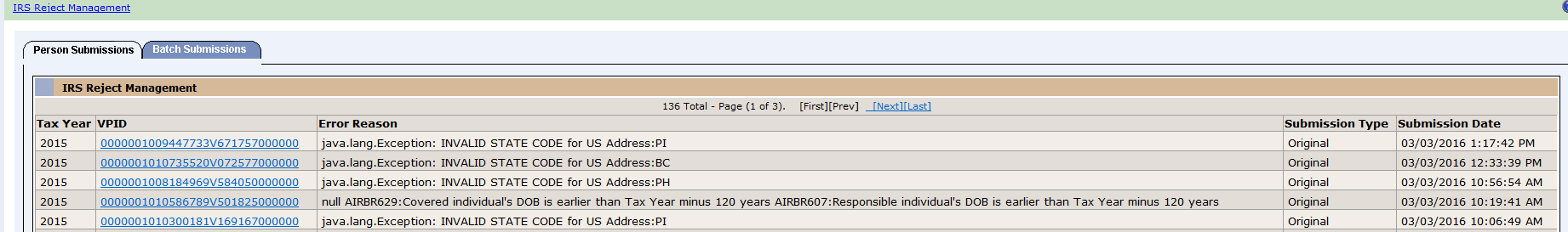


Figure : IRS Reject Management>Person Submissions>IRS Reject Management

A high level of end user interaction with the IRS Reject Management page is expected.

1. To open the Veteran’s record, click the VPID hyperlink.
2. Correct the related issue noted in the Error Reason column.
3. Submit the correction via the ACA Reporting sub tab under the Communications tab.

**Note:** Error messages may be cryptic and not easily interpreted by end users. Contact the OI&T technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

One expected error relates to a Veteran’s invalid permanent address format/fields.

Error Reason

java.lang.Exception: INVALID STATE CODE for US Address:PI This error indicates that

the Veteran’s permanent address on file is in US Address format and contains a US

State field that is not a valid US State

i.e., in this example, PI is listed as the US State in the Veteran’s record.

Solution

1. Correct the Veteran’s address via the ES Demographics Address tab following normal business practices for updating the address.
2. Navigate to the Communications tab, ACA Reporting sub tab.
3. Click the **Submit Correction** button.
4. Click the **Submit** button.

**Note:** The coverage months are pre-populated with the Yes/No fields set to the covered period of the Veteran.

Another expected error relates to a Veteran with a date of birth (DOB) more than 120 years old.

Error Reason

AIRBR629:Covered individual's DOB is earlier than Tax Year minus 120 years AIRBR607:Responsible individual's DOB is earlier than Tax Year minus 120 years This error indicates that the Veteran is living and was actively enrolled during some or all of the previous tax year, but the age cannot be processed by the IRS

**Note:** The message is duplicated for each Veteran, as the DOB is listed in two different sections of the IRS 1095B (covered individual and responsible individual).

Solution

1. You need to enter a date of death (DOD) or correct the date of birth (DOB).
2. Research all possible sources to validate whether or not the Veteran is deceased and if deceased, enter a DOD according to established business practices. It is not necessary to submit a corrected transmission to the IRS.
3. If the Veteran’s DOB is incorrect, the workflow must be transferred to HCIdM to update the DOB according to the Identity Management (IdM) business processes. After the DOB is updated by IdM, validate that the new DOB displays properly in the Veteran’s record in ES and submit a correction using the ACA Reporting sub tab.

**Note:** The examples of expected errors referenced are not inclusive of all types of errors that you may encounter in the IRS processing. Contact the OI&T technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

##### Submit Corrections

A correction is the submission of a new 1095B form for a Veteran, when the original submission is rejected for data errors or where the coverage period is reported erroneously by the system.  
i.e., Veteran contacts VHA to report that the 1095B contains an incorrect coverage period, but the transmission was already Accepted by the IRS.

1. To access the Correction form, click the **SUBMIT CORRECTION** link in the upper right corner of the ACA Reporting sub tab.

**Note:** In order to access the link and submit corrected records, you must be granted permission to Manage ACA Communications. To request permission, contact the [Enrollment System (ES) Access Group ESAccessGroup@va.gov](mailto:ESAccessGroup@va.gov)

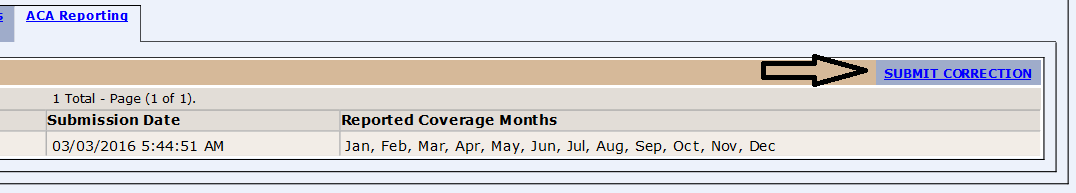


Figure : Communications tab>ACA Reporting sub tab>SUBMIT CORRECTION link

1. The Correction form displays the Tax Year, Address, and Coverage Months that were transmitted to the IRS as a correction to the Original submission for the tax year.
2. Select the **Yes/No** radio buttons to indicate whether the Veteran was eligible for healthcare benefits for at least one day in a month in the tax year.
3. Select the **Update Address** link to change the Veteran’s permanent mailing address via the ES Demographics functions.

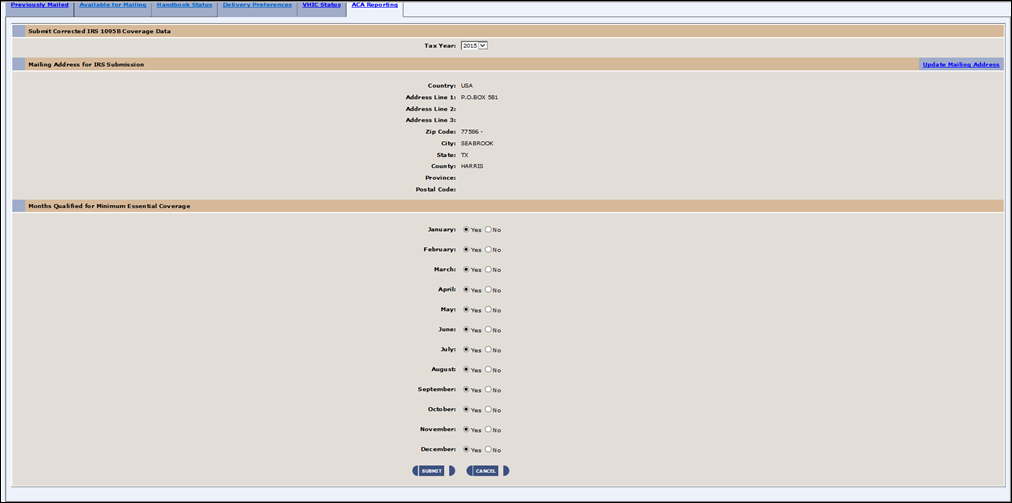


Figure : ACA Reporting sub tab>Submit Corrected IRS 1095B Coverage Data

1. Click the Submit button on the Correction form to transmit the corrected information to the IRS and return to the main ACA Reporting sub tab.

**Note:** Submission Type=Correction and the Reported Coverage Months match the selection boxes chosen on the Correction form.

1. To indicate success of the submission, the page displays a green banner with a corrected transmission in the Reporting table in a Processing status.

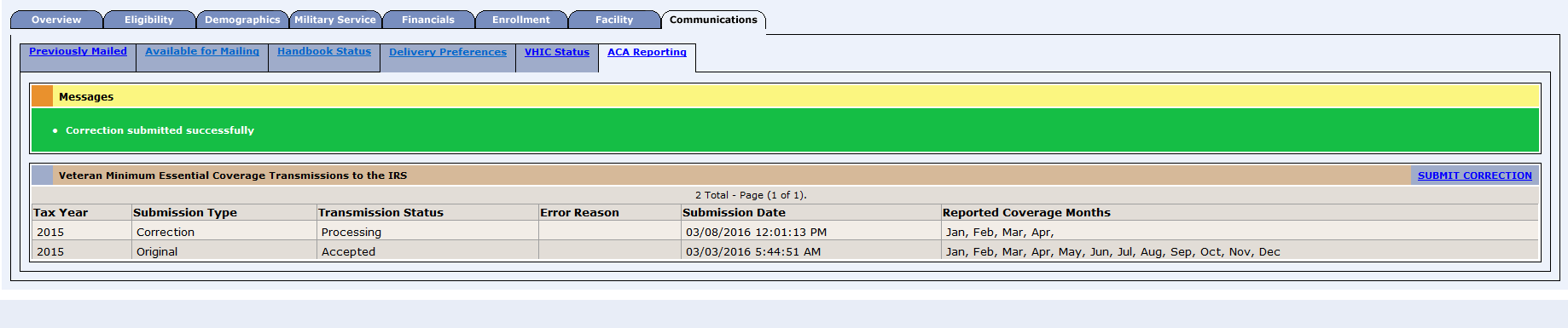


Figure : Communications tab>ACA Reporting sub tab>Messages

1. It may take several hours or several days for the corrected entry to move from the Processing status to a final acknowledgement status, and be returned by the IRS after processing.

## Tabs

### Overview (Add a Person)

[“Add a Person” appears only while adding a person during registration]

#### Overview

This page gives the user an overview of the beneficiary's current information on file. From this screen the user may:

* **Update Current Eligibility** - Clicking this link allows the user to Edit Current Eligibility information for the beneficiary.
* **Eligibility** - Clicking this link allows the user to view in greater detail the eligibility information that currently exists for the beneficiary. From this screen the user may also link to the Edit Current Eligibility screen.
* **Update Mailing Address** - Clicking this link allows the user to update the current Permanent Mailing Address information for the beneficiary.
* **Demographics** - Clicking this link allows the user to view in greater detail the demographic information that currently exists for the beneficiary. From this screen the user may also link to:  
    
  –  *Update Mailing Address*  
  –  *Update Associates*  
  –  *Update Date of Death*  
  –  *Update Insurance*  
  –  *Update Employment*
* **Update Signature Index** - Clicking this link allows the user to update the current Signature Index information for the beneficiary.
* **Signature** - Clicking this link allows the user to view in greater detail the Signature Image information that currently exists for the beneficiary.
* ***[[4]](#footnote-5)*View Veteran Health Identification Card (VHIC) Status** - Clicking this link allows the user to query the VHIC application to obtain the VHIC status and history.
* **Communications** - Clicking this link allows the user to access the VHIC Status tab via the Communications tab where the user can query the VHIC application to obtain the VHIC status and history.
* **Update Financial Assessment** - Clicking this link allows the user to Update Financial Assessment information for the beneficiary.
* **Financials** - Clicking this link allows the user to view in greater detail the financial overview information that currently exists for the beneficiary.
* **Update Enrollment Dates** - Clicking this link allows the user to Update Enrollment Date information for the beneficiary.
* **Enrollment** - Clicking this link allows user to view in greater detail the enrollment information that currently exists for the beneficiary.
* **Update Date of Death** - Clicking this link allows user to Update Date of Death information for the beneficiary.
* **Demographics** - Clicking this link allows user to view in greater detail the demographic information that currently exists for the beneficiary.
* **View Handbook Communication** - Clicking this link allows the user to access the Handbook Status tab via the Communications tab.

The following links allow the user to view the *Veteran Benefits Handbook* .pdf files for the Veteran.

Item of special interest symbol**Note**: The system allows viewing the most current three versions. See Figure 5. If a Handbook Communication document cannot be displayed because the VCG is unavailable, an error message displays.

**Communication to View**:

Veterans Current Benefits at a Glance - clicking the link allows the user to view the current abbreviated high-level summary of the *Veteran Benefits Handbook*.

Veterans Benefits at a Glance - clicking the link allows the user to view the previous abbreviated high-level summary of the *Veteran Benefits Handbook*. If another previous version exists, it will also be displayed.

Veterans Current Handbook - clicking the link allows the user to view the current *Veteran Benefits Handbook*.

Veterans Handbook - clicking the link allows the user to view the previous *Veteran Benefits Handbook*. If another previous version exists, it will also be displayed.

* **Communications** - Clicking this link allows the user to access the Handbook Status tab via the Communications tab.

If the record is marked as Sensitive, the message **Sensitive Record** is displayed over the beneficiary's Name, SSN, and DOB, just above the "tabs." This indicates this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

Screen Shot

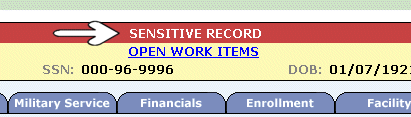


Figure : Sensitive Record: Open Work Items

If the beneficiary's record has been identified as a duplicate and is in the Veteran Merge process, the system displays the message *Veteran Merge Pending* on the screen indicating that identity-trait updates are pending for this beneficiary. When this occurs, the user is prevented from making any changes to the record and the system displays the message Pad Lock Graphic **LOCK REASON:** followed by the particular reason why the record is locked. The system also prevents a record from being changed if there is no Eligibility and Enrollment data or Registry Data for the individual.

If any *Open Work Items* exist for the beneficiary, an Open Work Items link will display in the center part of the header area. Clicking the link takes the user to the *Open Items* (Worklist) page.

Screen Shot

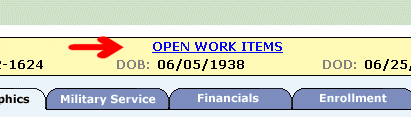


Figure : Open Work Items

#### Signature Images

This screen allows users to view and update signature image information for a beneficiary. Users are not allowed to add new signature information records. Signature image information for a beneficiary's signed application is received from an external source and stored in the ES database.

If there is a Primary Income Test associated with the signature indicator, the system sends an email bulletin to all sites of record under the following conditions:

* If only one signature information record exists for the beneficiary and that signature indicator changes from **Yes** to **No** or to **Entered in Error**.
* If only one signature information record exists for the beneficiary and that signature indicator changes from **No** or **Entered in Error** to **Yes**.

If more than one signature record exists for the person and the signature indicator on any of them change from **Yes** to **No** or to **Entered in Error**, and another record exists for that person where the signature indicator is **Yes**, then no email bulletin is sent to the sites of record.

All fields other than *Signature on File* are automatically updated by the system.

Signature Images

Image ID

This is the MT *Image ID* number.

Date Indexed

The *Date Indexed* is the date the signature image was scanned into the system.

Submitting Facility

The site submitting the signature image information is automatically entered by the system.

User

This is the person updating the *Signature Image* information. The system automatically captures the user who is updating the information.

Date/Time Last Updated

This is the last time the signature index information was updated. The system automatically sets the Date/Time Last Updated.

Signature on File

This *Signature on File* indicator is the only field the user may update. Select from the dropdown.

### Eligibility

#### Current Eligibility

Eligibility for VA Health Care is dependent upon a number of variables, which may influence the final determination of the services for which the Veteran may qualify. These factors include the nature of the veteran's discharge from military service (e.g., honorable, other than honorable, dishonorable), length of service, VA adjudicated disabilities (commonly referred to as service-connected disabilities), income level, and available VA resources among others.

Generally, the beneficiary must be enrolled in VA Healthcare system to receive benefits offered in the Medical Benefits Package. Certain beneficiaries do not need to be enrolled to receive medical care benefits.

The Veteran does not have to be enrolled under the following conditions:

* S/he has been determined by VA to be 50% or more disabled from service-connected (SC) conditions.
* S/he is seeking care for a VA rated service-connected disability only.
* It is less than one year since s/he was discharged for a disability that the military determined was incurred or aggravated by their service, but that VA has not yet rated

To apply for VA Healthcare benefits, including enrollment, the individual must fill out an application. We use the application to determine:

* Whether the individual has qualifying service as a Veteran.
* What the individual's Veteran status is so that they can be placed into one of the priority groups.

This screen displays the *Current Eligibility* and enrollment information for the beneficiary. The following information displays:

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Eligibility** | EDIT CURRENT ELIGIBILITY | EDIT PURPLE HEART | VIEW HISTORICAL ELIGIBILITY |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Eligibility Code: | *question mark symbol*Primary Eligibility Code is the eligibility factor that has been found to take the highest precedence during the eligibility calculations. This is the beneficiary's current eligibility code.  It is assigned to the beneficiary based on benefit factors captured on the intake process. It is the primary factor that determines the beneficiary's enrollment priority. It can be used as a single entity or in conjunction with other eligibility codes in the calculation of the enrollment priority. The Primary Eligibility Code also contributes in determining if the beneficiary needs to complete a Means Test. | Veteran Indicator: | *question mark symbol*The Veteran Indicator designates whether the individual is a Veteran or non-veteran. |
| Service Connected (%): | *question mark symbol*SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100]. | Enrollment Application Date: | *question mark symbol*The Enrollment Application Date is the date of the application for enrollment. Some beneficiaries have been enrolled automatically by the system. When this occurs, the beneficiary will not have an application date.  For beneficiaries who mail their VA Form 10-10EZ to a VA healthcare facility for processing, the date of the postmark is to be entered into VistA as the Enrollment Application Date. For beneficiaries who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the Enrollment Application Date.  For beneficiaries who apply for enrollment in person, the date of the beneficiary's presence at the facility for the purpose of enrolling is to be entered into VistA as the Enrollment Application Date. |
| Effective Date of Combined Evaluation: | *question mark symbol* This is the date the Combined Evaluation percentage (based on eligibility factors) was made by the VBA. | Enrollment Effective Date | *question mark symbol*Enrollment Effective Date *is the effective date of the specific eligibility change for this individual.* |
| Eligibility Status: | *question mark symbol*The determination status assigned to the beneficiary's record. It identifies that the beneficiary is eligible for Enrollment and VHA healthcare. Values include: Verified - indicates the individual's Eligibility status has been confirmed.  Pending Verification - indicates the individual's Eligibility status has not been confirmed but due process is on-going and action is being taken to confirm the status.  Pending Re-verification - indicates individual's status was previously confirmed but that it was in error and the status is being checked. | Annual Check Amount: | *question mark symbol*Annual Check Amount is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA. |
| Eligibility Status Date: | *question mark symbol*This is the date the eligibility status changed, was updated, etc. | Eligibility Verification Method: | *question mark symbol*Eligibility Verification Method is the way or how the user verified the eligibility of the applicant. |
| Eligibility Verification Source: | *question mark symbol*Eligibility Verification Source is the location the eligibility status was determined.  Examples include: **VAMC & site number  CEV**(if verified from data received from VBA via AITC, a.k.a. AAC, or if manually updated by a HEC user.) | VBA Query Status: | *question mark symbol*This is the query response status from the VBA for the beneficiary's eligibility.  Examples include: **No VBA Data on File Data Accepted - Manual Upload Auto-upload - Upload VBA Data Queried - Pending Receipt of Data Data Pending Review Eligibility Data Received from AAC (a.k.a. AITC)  VBA Data Inconclusive Data Rejected NULL** |
|  |  | MSDS Query Status: | *question mark symbol*This is the query response status from the Military Service Data Sharing (MSDS) Broker for the Military Service information.  Examples include: **New Record – Pending Submission  Queried – Pending Response  Queried – No Data Received  Military Service Data Received  Military Service Data Rejected** |

**Rated SC Disabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Code***  This is the *Code* associated with the service-connected or non-service connected medical condition for which the beneficiary has been rated.  The Veterans Benefit Administration determines the codes applicable to the beneficiary through the compensation review process. | ***SC %***  This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.  This data is shared with VistA.  ***More...***  A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country. | ***Description***  The *Description* of the rated disability code. | ***Diagnostic Extremity***  This is defined as the portion of the body in which the disability is located.  This data is shared with VistA.  ***Examples:***  smallyellowLeft Lower Extremity  smallyellowLeft Upper Extremity  smallyellowRight Lower Extremity  smallyellowRight Upper Extremity  smallyellowBoth Lower Extremities  smallyellowBoth Upper Extremities | ***Original Date***  This is the date on which the rating determination was made.  This data is shared with VistA.  ***More...***  The original effective date for a disability is the date VBA determines as the first day a disability is considered service-connected. It could be the date the disability occurred, or if the claim for disability was filed much later, the date of the claim.  ***Example:*** Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002. The date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the *Current Effective Date* is updated to September 2005, the date the new percentage was determined to take effect. | ***Current Effective Date***  This is the date on which the rated disability was/is effective.  This data is shared with VistA.  ***More...***  This is the latest date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code. |

Prisoner of War

|  |  |  |
| --- | --- | --- |
| Prisoner of War Indicator |  | View Historical Prisoner of War |

Health Benefit Plans

|  |  |  |
| --- | --- | --- |
| Current Number of Health Benefit Plans |  | View Health Benefits Plans |

Users with the appropriate *Role/Capabilities* may View, Add (Assign) and Delete (Unassign) the appropriate HBP(s) for a Veteran's record by clicking on the View Health Benefits Plans link in the online help.

See more information about how to “Add” (Assign) and “Delete” (Unassign) HBPs to a Veteran’s record in the next section.

Secondary Eligibility Codes

|  |  |  |
| --- | --- | --- |
| Purple Heart | Prisoner of War | Aid and Attendance |

|  |  |  |
| --- | --- | --- |
| Other Eligibility Factors |  | View Clinical Determination |

In this area the various other eligibility factors for the beneficiary are displayed. Examples include but are not be limited to:

Environmental Contaminants, Radiation Exposure, Receiving Military Disability Retirement, Catastrophic Disability, Military Sexual Trauma, Nose Throat Radium, Spinal Cord Injury, Combat Veteran Eligible, SHAD, Camp Lejeune, etc.

item of special interest symbol**Note**: VA amended the regulation concerning how a Veteran is determined catastrophically disabled for the purposes of enrollment in PG 4. Prior regulations relied on specific codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Current Procedural Terminology (CPT®). The use of ICD-9-CM, ICD-10-CM, and CPT® codes in determining CD was eliminated. This ensures that CD regulations will not be out of date when new code versions are published. The revisions also broadened some of the clinical criteria for a finding of CD.

User may click on the View Clinical Determination link to access current and historical clinical determination information. Clinical determination information consists of Catastrophic Disability (CD), which includes the CD Descriptor, Military Sexual Trauma (MST), Nose Throat Radium (NTR), and Spinal Cord Injury information. This information is collected at the VAMC and sent to the ES system to be used in Eligibility and Enrollment Processing. It is shared with the VistA sites the beneficiary has visited.

Because ES no longer collects ICD data, “CD Condition”, “CD Procedure” and “CD Diagnosis” data categories on the *Clinical Determination* screen were replaced with “CD Descriptor” data.

From the *Clinical Determination* screen the user may also click the View Historical Retired CD Fields link for historical clinical determination information. The removed historical ICD data will remain on file on the *Retired Catastrophic Disability Fields Change History* screen.

Other Ineligibility

In this area is displayed the various other ineligibility factors such as the effective date this beneficiary was found to be ineligible for VHA Health Care, the reason and the VARO decision.

Financial Assessment

This section allows the user to view a beneficiary's current and historical financial assessment information. The financial assessment includes applicable spouse and dependent information.

##### Health Benefit Plans Assigned - Unselect to Delete

**VIEW HISTORICAL HEALTH BENEFITS PLANS**

Item of special interest symbol**Note**: Beginning with ES 4.0.0, the *Presumptive* HBP was automatically assigned to a Veteran record if the person meets certain criteria (rules) for the HBP. To prevent end users from changing an assignment or un-assignment that is based on established business rules, the assignment and un-assignment of the Presumptive HBP is disabled.

This functionality will remain in place until the HBP Override functionality is implemented.

This area displays HBPs that are assigned to the Veteran with the date and time the HBP was last updated. To "delete" an HBP from a Veteran's record, unselect the HBP by clicking the check box by the HBP. Do this for any or all HPBs assigned to the Veteran you wish to "delete".

Item of special interest symbol**Note**: Users may also "Add" (assign) HBPs for the Veteran by clicking the check box(es) by the HBP(s) under the **Health Benefit Plans Available - Select to Add** area at the same time as deleting HBPs.

When finished, click the ***UPDATE*** button. The *Current Eligibility* screen appears with a confirmation message that the "*Health Benefit Plans updated successfully*".

From the *Health Benefit Plans Assigned/Available* screen the user may also click on the View Historical Health Benefits Plans link for historical HBP information.

**Health Benefit Plans Available – Select to Add**

This area displays HBPs that are available to be assigned to the Veteran. To "add" an HBP to a Veteran's record, select the HBP by clicking the check box by the HBP. Do this for any or all available HPBs.

item of special interest symbol**Note**: Users may also "Delete" (unassign) HBPs (if assigned) from the Veteran’s record by clicking the check box(es) by the HBP(s) under the **Health Benefit Plans Assigned - Unselect to Delete** area at the same time as adding HBPs.

When finished, click the ***UPDATE*** button. The *Current Eligibility* screen appears with a confirmation message that the "*Health Benefit Plans updated successfully*".

#### Edit Current Eligibility

The data in these fields is used to determine the individual's eligibility and enrollment to include identifying additional attributes that enhance the individual's priority for enrollment.

Click on the desired link for help on any particular field.

***(Edit)*** means that these additional fields are available in the Edit mode.

**CHANGE INDICATOR TO NO/YES**

required field symbolVeteran Indicator:

Is this patient requesting care as a Veteran of the U.S. Armed Forces?

* *Yes* - The Veteran status Yes or No invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.  
    
  ***More...***

In general, Veteran eligibility is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the U.S. Armed forces. Verification of active duty service can be obtained via DD-214, VIS or SHARE, or other authoritative sources. For additional eligibility requirements, see 38 CFR 3.1 (Definitions), 3.2 (Periods of War), 3.6 (Duty Periods), 3.7 (Individuals and groups considered to have performed active military, naval, or air service), 3.12 (Character of Discharge), 3.12a (Minimum active-duty service requirement), 3.13 (Discharge to change status), 3.14 (Validity of enlistments), and 3.15 (Computation of Service).

* No - Patient does not meet the criteria of Veteran status.

This data is shared with VistA.

required field symbolEligibility Status:

This is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA Health Care.

This data is shared with VistA.

Values include:

* *Verified* - indicates the individual’s Eligibility Status has been confirmed.  
    
  ***Rules...***
  + If *Eligibility* *Status* is Verified, Eligibility Verification Method is required.
* Pending Verification - indicates the individual's Eligibility Status has not been confirmed but due process is on-going and action is being taken to confirm the status.
* Pending Re-verification - indicates the individual’s status was previously confirmed but that it was in error and the status is being checked.

Eligibility Status Date:

This is the date the eligibility status changed, was updated, etc. The system defaults to the current date. Date is editable.

This data is shared with VistA.

Rules...

* *Eligibility Status Date* requires a precise date.
* *Eligibility Status Date* may be after the *Date of Death*.
* *Eligibility Status Date* cannot be prior to the Veterans *Date of Birth*.
* *Eligibility Status Date* cannot be a future date.

Eligibility Verification Method:

*Eligibility Verification Method* is the way or how the user verified the eligibility of the applicant.

More...

It is a "free-text" description of "how" or the "source" that eligibility status was checked/verified.

If the Eligibility is verified by HEC or VAMC staff, the entry should identify the way or how the user verified the eligibility for the applicant (e.g. DD-214; DD-215; WD AGO 5355; VBA, SHARE; or 7131 from VARO #., etc.).

VHA staff has a duty to assist the beneficiary with obtaining verification of eligibility using all resources available.

This data is shared with VistA.

Rules...

* *Eligibility Verification Method* must be between 2 and 50 characters or left blank.
* *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.

Service-Connected (%):

SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].

Rules...

* *Service Connected (%)* is required when the Veteran has *Rated Disability* Information.

Effective Date of Combined Evaluation:

The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.

This data is shared with VistA.

More...

When a Veteran's condition is determined to be service-connected, VBA also computes the Veteran's Percent of Combined Evaluation. Only SC conditions are now included in calculating the Combined Percent. The *Effective Date of Combined Evaluation* is the date VBA began paying the Veteran compensation benefits for that Percent of Combined Evaluation.

For example, if a Veteran is determined to be 20% SC in January 2003 and is increased to 50% SC in March 2005 (but is retroactive to November 2004) and VBA starts paying the Veteran at the 50% SC rate in April 2005, the *Effective Date of Combined Evaluation* is April 2005. It is not the effective date of the decision.

Rules...

*Effective Date of Combined Evaluation...*

* must be a precise date.
* cannot be prior to the Veteran’s *Date of Birth*.
* cannot be on or after the Veteran’s *Date of Death*.
* cannot be a future date.

Rated SC Disabilities

Code:

The *Code* associated with the service-connected or non-service connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration determines the codes applicable to the Veteran through the compensation review process.

Description:

The *Description* of the rated disability code.

item of special interest symbolThis field is system filled based on the valid rated disability code entered.

Diagnostic Extremity:

This is defined as the portion of the body in which the disability is located.

Choices are:

* Left Lower Extremity
* Left Upper Extremity
* Right Lower Extremity
* Right Upper Extremity
* Both Lower Extremities
* Both Upper Extremities

This data is shared with VistA.

Service Connected Percentage:

This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

This data is shared with VistA.

More...

A service-connected rating is an official ruling by VA that the beneficiary's illness/condition is directly related to their active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Rules...

* Rated Disabilities are required when *Service Connected %* is zero or greater.
* A Disability % is required for each Rated Disability entered.

Original Effective Date:

This is the effective date on which the condition was originally determined to be service-connected.

This data is shared with VistA.

More...

The *Original Effective Date* for a disability is the date VBA determines as the first day a disability is considered service-connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.

Example: Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the *Current Effective Date* is updated to September 2005, the date the new percentage was determined to take effect.

Rules...

* Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
* Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date:

This is the date on which the rated disability was/is effective.

This data is shared with VistA.

More...

This is the most recent date VBA establishes a new service-connected disability percentage for the particular diagnostic code.

Rules...

* Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
* Rated Disability *Current Effective Date* cannot be after *Date of Death*.

Item of special interest symbol**Note**: The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA) – Click theright arrow symbolarrow to expand the VOA file attachments list.

The VOA File Attachments function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachment(s), determine what document type(s) they contain, and indicate whether the document(s) is (are) acceptable or not.

FileName

This is the attachment file name. When the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

More...

This allows the user to examine the contents of the attachment in order to determine the document type(s) (DD-214, Military Orders of Award, etc.) and whether or not to “Accept?” the document(s) as valid.

FileType

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

The allowable values from which to select are: DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

More...

The user may “remove” a *DocType* from the list by selecting “Remove it” for the *DocType* and then clicking the ***UPDATE*** button.

When “Remove it” is selected for the *DocType*, the *Accept?* check box cannot be checked.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a Veteran’s DD-214, Military Orders of Award, etc. To accept the attachment, make sure there is a check in the check box.

Updated

When a user edits the *Accept?* indicator via the ***UPDATE***  button, the system updates the *Updated* date/time field to the current date.

By

When a user edits the *Accept?* indicator via the ***UPDATE***  button, the system updates the *By* field ID to the user’s ID.

ADD

When the user clicks the ADD link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The ***UPDATE*** button allows the user to update the *DocType* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

Add/Edit POW Episode

POW Indicator:

Was the Veteran a Prisoner of War?

* *Yes* - Veteran meets the criteria of former Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of Yes.   
    
  ***Rules***...
  + When *POW Indicator* is answered **Yes**, the following additional fields are required: *Confinement Location*, *Capture/Release* Dates.
  + *Release Date* must be equal to or greater than the *Capture Date*.
* No - Veteran was NOT a former prisoner of war.
* No Data

More...

Verification can be obtained from DD-214, POW Registry or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

*POW Source* is defined as the source where POW documentation was received and or reported.

Choices are:

* All
* DoD - Department of Defense
* NARA - National Archives and Records Admin.
* Other
* VAMC
* VBA - Veterans Benefit Administration
* Veteran
* VistA

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

* DD-214
* DD-215
* Military Orders of Award
* Other Official Service Records
* WD AGO Forms
* VBA/DoD File

required field symbolCapture Date:

This is the date on which the Veteran entered into a listed POW camp.

Rules...

* *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.

required field symbolRelease Date:

This is the date on which the Veteran was released or rescued from the POW camp.

Rules...

* *Release Date* is required if *POW Indicator* is **Yes**.
* *Release Date* must be at least a Month and Year.
* *Release Date* must be equal to or greater than the *Capture Date*.
* *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.

Days of Captivity:

This is a system-calculated number of days between the *Capture Date* and *Release Date*.

*Item of special interest symbolDays of Captivity* will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

required field symbolConfinement Location:

This is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp:

This is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

More…

Item of special interest symbolNote that when a Camp name is selected, the ES automatically system fills the appropriate Camp Code and Camp City.

Camp Code:

This code indicates the particular Prisoner of War camp. This is system filled.

Camp City:

The city/country in which the Prisoner of War camp was located. This is system filled.

Date Entered (Edit):

This is the date (mm/dd/yyyy) on which the POW Episode was entered. This is system filled.

Purple Heart Status:

This is the PH status assigned to the Veteran (display only). All sites of record are notified for these statuses.

Statuses are:

* Confirmed - once the appropriate fields are annotated and the document status is acceptable (YES), the Veteran is then confirmed as a Purple Heart recipient.
* Initial Ltr Sent - initial letter has been sent to the Veteran. Awaiting reply.
* Second Ltr Sent - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.
* *Pending*
* In Process - the PH status confirmation is still being processed.

Aid & Attendance:

*Aid & Attendance* indicates if the beneficiary is receiving  A&A benefits from the Dept. of Veterans Affairs.

* *Yes* - the beneficiary is in receipt of Aid & Attendance

More...

A&A is a benefit paid in addition to monthly pension. This benefit may not be paid without eligibility to pension. A&A is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. Verification of this benefit can be verified via VIS, SHARE, or other authoritative source. Beneficiaries in receipt of A&A will be enrolled in PG 4 and will be exempt from all copays.

* No - the beneficiary is NOT in receipt of Aid & Attendance benefits

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

* A beneficiary cannot be both A&A and HB at the same time.
* If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES**, user cannot enter **Yes** for *VA Pension* indicator.

Housebound:

*Housebound* (HB) indicates whether the beneficiary is receiving HB benefits from the Dept. of Veterans Affairs.

* *Yes* - If beneficiary has been determined by VBA to be permanently HB and in receipt of HB benefits  
    
  ***More...***

*Housebound* is paid in addition to monthly pension. Like A&A, Housebound benefits may not be paid without eligibility to pension. Verification of this benefit can be verified via VIS, SHARE or other authoritative source. Beneficiaries in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.

* No - If beneficiary is NOT in receipt of HB benefits

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the Veteran Indicator is No.

Rules...

* A beneficiary cannot be both A&A and HB at the same time.
* If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES,** user cannot enter **Yes** for *VA Pension* indicator.

VA Pension:

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

* *Yes* - If the Veteran is in receipt of a VA Pension.  
    
  ***More...***

VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old. Veterans who are more seriously disabled may qualify for [*Aid & Attendance* or *Housebound*](http://www.vba.va.gov/bln/21/pension/vetpen.htm#7) benefits. These are benefits that are paid in addition to the basic pension rate. The benefit can be verified by [VIS](javascript:void(0);), [SHARE](javascript:void(0);) or other authoritative source. Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.

* No - If the Veteran is NOT in receipt of a VA Pension. This can be verified by VIS, SHARE or other authoritative source.

***More...***

When the *Veteran Indicator* is changed from **Yes** to **No**, the system automatically sets several fields as follows: *VA Pension Indicator* is set to **No** and the *Pension Award Effective Date* and the *Pension Award Reason* codes are set to null.

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the Veteran Indicator is No.

Rules...

* If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **Yes,** user cannot enter **Yes** for *VA Pension* indicator.
* *Receiving VA Pension* requires *Annual Check Amount* to be $0 or greater.
* *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.
* If the *VA Pension* indicator is changed to **Yes**, the *Pension Award Effective Date* is required

Pension Award Effective Date:

This is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the *Pension Award* *Reason* to see if the date on file is the original award or the latest change.

More...

* If the Pension Award Effective Date is deleted, the Pension Award Reason code is also deleted.

Rules...

* *Pension Award Effective Date* can be entered or edited only if the *VA Pension* indicator is **Yes**.
* *Pension Award Effective Date* must be a precise date.
* *Pension Award Effective Date* cannot be a future date.
* *Pension Award Effective Date* cannot be prior to the *Pension Termination Date*.
* If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Effective Date* is required,

Pension Award Reason:

This is the reason or change reason for the *Pension Award*. Select from the dropdown list.

Rules...

* If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Reason* is required.

Pension Termination Date:

This is the date on which the *Pension Award* was terminated.

Rules...

* *Pension Termination Date* must be a precise date.
* *Pension Termination Date* cannot be a future date.
* *Pension Termination Date* can only be entered when the *VA Pension* indicator is **No**.
* The *Pension Termination Date* cannot prior to the *Pension Award Effective Date*.
* If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 1:

This represents the first reason the pension was terminated. Termination of the *VA Pension* benefit can be for multiple reasons. VBA shares the most recent four codes on file.

Rules...

* If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Award Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 2:

This represents the second reason the pension was terminated.

Pension Termination Reason 3:

This represents the third reason the pension was terminated.

Pension Termination Reason 4:

This represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation:

This indicates whether the Veteran is receiving disability payments.

*Yes* - If Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.  
  
***More...***

Receipt of disability compensation can be verified via [VIS](javascript:void(0);), [SHARE](javascript:void(0);), VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-service connected conditions.

* No - If Veteran is NOT in receipt of a rated service-connected VA disability compensation. This can be verified via SHARE or other authoritative source.

This data is shared with VistA.

Rules...

* *Receiving VA Disability Compensation* requires an *Annual Check Amount* greater than zero.
* *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.

Total Monthly Check Amount:

*Total Monthly Check Amount* is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

* If the *VA Pension* indicator is set to **Yes**, then *Total Monthly Check Amount* must be greater than or equal to $0.

Annual Check Amount:

*Annual Check Amount* is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Annual Check Amount is system filled based on the amount entered in the Total Monthly Check Amount field.

This data is shared with VistA.

Rules...

* *Annual Check Amount* is required when *Receiving VA Disability* Compensation is **Yes**.
* *Annual Check Amount* greater than zero is required when *Permanent & Total* is **Yes**.
* *Annual Check Amount* must be greater than or equal to $0.00 and less than or equal to $99999.00.

Unemployable:

A code that indicates whether this Veteran is rated unemployable by the VARO due to a service-connected condition.

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the Veteran Indicator is No.

* Yes - If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than $0.
* No

Permanent & Total:

*Permanent & Total* indicates whether the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the *Veteran Indicator* is **No**.

Acceptable choices are:

* *Yes* - Veteran is rated P&T by VBA.

***More***... *P&T* *is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on SC disability percentage.*

***Rules*...** *If* ***Yes****, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If* ***Yes****, an effective date must be entered.*

* No - If Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.

***More***...

If the Veteran has only one Rated Disability, the SC% must be equal to or greater than 60%.

OR

If the Veteran has more than one Rated Disability, then the SC% must be equal to or greater than 70% AND one of the Rated Disabilities must have SC% equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.

Permanent & Total Effective Date:

If *Permanent & Total* is marked as **Yes**, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a service-connected condition.

This data is shared with VistA.

***Rules...***

* *P&T Effective Date* must be a precise date.
* *P&T Effective Date* cannot be a future date*.*
* *P&T Effective Date* cannot be prior to the *Date of Birth.*
* *P&T Effective Date* cannot be after the *Date of Death.*

Rated Incompetent:

*Rated Incompetent* indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

Acceptable choices are:

Yes - Veteran is determined to be Rated Incompetent by the VBA, or civil authorities.  
  
***More...***

Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veteran’s Legal Guardian using Power of Attorney as a source.

* No - Veteran is NOT determined to be Rated Incompetent.
* No Data

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the Veteran Indicator is No.

Civil Date:

Date Ruled Incompetent (Civil) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

* Rated Incompetent *Civil Date* cannot be a future date, but must be after Veteran's DOB.
* Rated Incompetent *Civil Date* cannot be after the Veteran's *Date of Deat*h.

VA Date:

Date Ruled Incompetent (VA) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

* If the year is omitted, the system uses CURRENT YEAR.
* Rated Incompetent *VA Date* cannot be a future date, must be after Veteran's DOB.
* Rated Incompetent *VA Date* cannot be after the Veteran's *Date of Death*.

Eligibility for Medicaid:

*Eligible for Medicaid* indicates whether this beneficiary is eligible to receive Medicaid coverage.

* Yes - Beneficiary is in receipt of Medicaid benefits or other state sponsored compatible benefits.

***More***...

Beneficiary is not required to complete financial assessment tests. Verify with beneficiary and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.

* No - Beneficiary is NOT in receipt of Medicaid or compatible benefits.
* No Data

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the *Veteran Indicator* is **No**.

Date Medicaid Last Updated:

Date Medicaid Last Updated is the date the Eligibility for *Medicaid* indicator was last updated.

**Item of special interest symbol**Whenever the *Eligibility for Medicaid* field is changed, the *Date Medicaid Last Updated* field defaults to the current date and time.

***Rules...***

* *Date Medicaid Last Updated* cannot be a future date.

This data is shared with VistA.

Ineligible Date:

The effective date on which this beneficiary was found to be ineligible for VHA Health Care.

This data is shared with VistA.

Rules...

* *Ineligible Reason* is required when an *Ineligible Date* is entered.
* The *Ineligible VARO Decision* is required when an *Ineligible Date* is entered.
* The *Ineligible Date* cannot be prior to the earliest Service Entry Date.
* *Ineligible Date* must be a precise date.
* *Ineligible Date* cannot be a future date.
* *Ineligible Date* cannot be a prior to the *Date of Birth*.

required field symbolIneligible Reason:

The reason why the beneficiary is ineligible for enrollment into the VA healthcare system. This field is required if an *Ineligible Date* is entered (i.e., Active Duty for Training Only, Served Less Than 24 months, DVA per VARO, OTH Char of Svc-Admin Decision Req).

This data is shared with VistA.

Rules...

* *Ineligible Reason* character length must be 1 - 40 characters.
* *Ineligible Reason* is required when there is an *Ineligible Date*.

Ineligible VARO Decision:

The VARO reason why the beneficiary is ineligible for treatment, if *Ineligible Date* is entered. If available, enter VARO Station Number and Date of Decision.

This data is shared with VistA.

Rules...

* This field is not required unless an Ineligible Date is entered.
* Character length for Ineligible VARO Decision should be between 3 and 75 characters.

Other Eligibility Factors

Discharge Due to Disability:

*Discharge Due to Disability* is an indicator that is collected on the 1010EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

* Yes - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

***More...***

Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

* No - Veteran was NOT discharged due to a disability incurred or aggravated in the line of duty.
* No Data

Military Disability Retirement:

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

* Yes - Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay.

***More...***

Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving Military Disability Retirement are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

* No - Veteran is NOT retired from the armed forces due to a disability.
* No Data

Agent Orange Exposure Location:

*Agent Orange Exposure Location* is the location where a Veteran was exposed to Agent Orange.

* Not Exposed
* Korean DMZ
* Other
* Vietnam

This data is shared with VistA.

Radiation Exposure Method:

*Radiation Exposure Method* is the method by which this patient was exposed to ionizing radiation.

* Not Exposed
* Nagasaki/Hiroshima - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.
* Atmospheric Nuclear Testing - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
* H/N and Atmospheric Testing - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
* Underground Nuclear Testing - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
* Exposure at Nuclear Facility - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
* *Other* - a method that does not fit any of the other categories.

SW Asia Conditions:

*SW Asia Conditions* indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

* Yes - The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.

***More...***

This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

* No - The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.

Spinal Cord Injury:

*Spinal Cord Injury* indicates whether the registrant suffers from a spinal cord injury and to what degree.

This field is display only.

Nose and Throat Radium Treatments:

*Nose and Throat Radium Treatments* indicates whether the registrant underwent NTR treatments while serving in the military or whether it's unknown.

This field is display only.

More...

Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These veterans are provided care for this condition at no cost.

Camp Lejeune Eligibility:

* Yes - If the Veteran is *Camp Lejeune* eligible.
* No - If the Veteran is not *Camp Lejeune* eligible.

***More***...

*Camp Lejeune Eligibility* indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following:

* Dishonorable
* Other than Honorable
* Undesirable
* Bad Conduct
* Dishonorable-VA

item of special interest symbol When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a *Camp Lejeune Eligibility* value. Otherwise, the field is disabled.

This data is shared with VistA.

Verified Methods:

item of special interest symbol *Verified Methods* and the CL fields that follow display only if the *Camp Lejeune Eligibility* indicator is *Yes*.

More...

This field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.

These values may come from other sources.

Rules...

* Once any Camp Lejeune Verified Method has been selected, at least one must remain selected.

Comments:

The free text 200-character *Comments* field is enabled and required if a Verified Method of **OTHER** is selected.

CL Date Registered:

The *CL Date Registered* field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

When an ES user registers a Veteran, the system populates the *CL Date Registered* field value to the current system date if the *Camp Lejeune Eligibility* indicator is set to *Yes*.

This field may also be populated through an upload of a CLEAR extract. See Acronyms and Abbreviations.

This field is editable.

CL Eligibility Change Site:

The *CL Eligibility Change Site* field displays the point-of-entry site that last changed the on file Camp Lejeune record.

This system-filled field is display only.

More...

Valid values include…

* <VAMC Site> (if changed by a VistA VA facility)
* HEC (if changed by the ES)

CL Eligibility Source of Change:

The *CL Eligibility Source of Change* field displays the source that last made a change to the on-file Camp Lejeune record.

More...

Valid values include…

* <ES User Name> (edited by ES user)
* VAMC (when the record is created from VistA VAMC received updates)
* CEV (modified by ES in an automated way {e.g. through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
* VOA (when the record is modified from a VOA submission)
* CLEAR (record is modified as a result of processing a CLEAR extract file)
* DoD (for future use)
* Other (for future use)

This system-filled field is display only.

Non-Veteran Eligibility Codes

TRICARE:

*TRICARE* is the Department of Defense regionally managed Healthcare program for service families.

More...

*TRICARE* Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with healthcare providers, create or customize a *TRICARE* Online web page, and use the Personal Health Care Manager.

Sharing Agreement:

This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

More...

The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country:

This is defined as the beneficiary's allied country of origin.

This data is shared with VistA.

Rules...

* If an Allied country is selected, the beneficiary will be assigned an *Eligibility Code* of **Allied Veteran**. The *Allied Veteran Country* is required information for registration as an Allied Beneficiary. Authorized selections are (1) Canada or (2) United Kingdom (UK) Great (GRT) Britain / N. Ireland. Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-service connected beneficiary, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

More...

Qualifying Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should authorize the care and reimburse VA. Allied Beneficiaries are individuals receiving a war pension or equivalent for service-related conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK. Grt. Britain / N. Ireland) and Canada). If the Allied Beneficiaries served with Poland and/or Czechoslovakia and are in receipt of a VA monetary benefit from Great (GRT) Britain based on a SC condition, they can elect to be registered as an Allied Beneficiary and country of UK. Grt. Britain / N. Ireland will be selected as the *Allied Veteran Country*. Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-service connected eligibility.

CHAMPVA:

Civilian Health and Medical Program of the Uniformed Services or Veteran's Affairs (*CHAMPVA*) is an insurance program in which the VA shares the cost of covered healthcare services and supplies for active duty and retired career military persons, their dependents, and survivors.

* Yes – The spouse or widow(er) and the children of a Veteran who meet the criteria of CHAMPVA eligibility.

***More...***

Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a service-connected disability, or were rated permanently and totally disabled due to a service-connected condition at the time of death, or died of a service-connected disability, or died on active duty and the dependents who are not otherwise eligible for [DoD](javascript:void(0);) [TRICARE](javascript:void(0);) benefits. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare services and supplies with eligible beneficiaries.

* No – The beneficiary does NOT meet the criteria of CHAMPVA eligibility.

Employee:

This is an employee of the VAMC.

* Yes – The beneficiary is an employee of the VAMC or one of its associated sister facilities.

***More...***

If **Yes** is selected, then the patient is marked as *Sensitive*.

* No – The beneficiary is NOT an employee of the VAMC.

Collateral Of Vet:

*Collateral of Veteran* is a person related to or associated with a Veteran receiving care from the VA. The beneficiary is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veteran's clinical care.

* Yes – The beneficiary is not a Veteran but is associated with a Veteran through a specific program of care.

***More...***

The purpose of this clinical contact must be an integral part of the Veteran's treatment plan; it must be documented in the treatment plan and progress notes in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. Examples of appropriate designation of a collateral visit include: initial and follow-up contacts for a person assisting a Veteran's physical rehabilitation program in the home; participation of a family member in outpatient family psychotherapy; continuing education and follow through with primary care giver such as residential care sponsor.. Examples include spouse/child or associate of Veteran.

* No – The beneficiary does NOT meet the criteria for collateral of vet.

Other Federal Agency:

This is defined as another source for the beneficiary's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense**, **Department of the Army** etc.

**required field symbol** Indicates Required Field

#### Edit Current Eligibility (Add a Person)

The data in these fields is used to determine the individual's eligibility and enrollment to include identifying additional attributes that enhance the individual's priority for enrollment.

When adding (registering) a new person, certain fields may now be required and others become editable as described and indicated below.

The ***Veteran Indicator*** and ***Eligibility Status*** fields are required to complete the enrollment application.

New to this screen under **Other Eligibility Factors** are the editable (registration) Spinal Cord Injury and ***Nose and Throat Radium Treatments*** fields. These two fields are not required.

**CHANGE INDICATOR TO NO/YES**

required field symbolVeteran Indicator:

Is this patient requesting care as a Veteran of the U.S. Armed Forces?

* *Yes* - The Veteran status Yes or No invokes the availability and/or necessitates entry/editing of certain data relating to Veteran eligibility.

***More...***

In general, Veteran eligibility is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the U.S. Armed forces. Verification of active duty service can be obtained via DD-214, VIS or SHARE, or other authoritative sources. For additional eligibility requirements, see 38 CFR 3.1 (Definitions), 3.2 (Periods of War), 3.6 (Duty Periods), 3.7 (Individuals and groups considered to have performed active military, naval, or air service), 3.12 (Character of Discharge), 3.12a (Minimum active-duty service requirement), 3.13 (Discharge to change status), 3.14 (Validity of enlistments), and 3.15 (Computation of Service).

* No - Patient does not meet the criteria of Veteran status.

This data is shared with VistA.

required field symbolEligibility Status:

This is the determination status assigned to the Veteran record. It identifies that the Veteran is eligible for enrollment and VHA Health Care.

This data is shared with VistA.

Values include:

* *Verified* - indicates the individual's Eligibility Status has been confirmed.

***Rules...***

If Eligibility Status is **Verified**, Eligibility Verification Method is required.

* Pending Verification - indicates the individual's *Eligibility Status* has not been confirmed but due process is on-going and action is being taken to confirm the status (default when registering a Veteran).
* Pending Re-verification - indicates the individual's status was previously confirmed but that it was in error and the status is being checked.

required field symbolEligibility Status Date:

This is the date the eligibility status changed, was updated, etc. The system defaults to the current date. Date is editable.

This data is shared with VistA.

Rules...

* *Eligibility Status Date* requires a precise date.
* *Eligibility Status Date* may be after the Date of Death.
* *Eligibility Status Date* cannot be prior to the Veterans *Date of Birth*.
* *Eligibility Status Date* cannot be a future date.
* *Eligibility Status Date* is required.

Eligibility Verification Method:

*Eligibility Verification Method* is the way or how the user verified the eligibility of the registrant.

More...

It is a "free-text" description of "how" or the "source" that eligibility status was checked/verified.

If the Eligibility is verified by HEC or VAMC staff, the entry should identify the way or how the user verified the eligibility for the registrant (e.g. DD-214; DD-215; WD AGO 5355; VBA, SHARE; or 7131 from VARO #., etc.).

VHA staff has a duty to assist the registrant with obtaining verification of eligibility using all resources available.

This data is shared with VistA.

Rules...

* *Eligibility Verification Method* must be between 2 and 50 characters or left blank.
* *Eligibility Verification Method* is required when *Eligibility Status* is **Verified**.

Service-Connected (%):

SC Percent is the combined service-connected percentage that is awarded to the Veteran based on Veterans Benefits Administration claims evaluation [a number between 0-100].

Rules...

* *Service Connected (%)* is required when the Veteran has *Rated Disability* Information.

Effective Date of Combined Evaluation:

The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.

This data is shared with VistA.

More...

When a Veteran's condition is determined to be service-connected, VBA also computes the Veteran's Percent of Combined Evaluation. Only SC conditions are now included in calculating the Combined Percent. The *Effective Date of Combined Evaluation* is the date VBA began paying the Veteran compensation benefits for that Percent of Combined Evaluation.

For example, if a Veteran is determined to be 20% SC in January 2003 and is increased to 50% SC in March 2005 (but is retroactive to November 2004) and VBA starts paying the Veteran at the 50% SC rate in April 2005, the *Effective Date of Combined Evaluation* is April 2005. It is not the effective date of the decision.

Rules...

*Effective Date of Combined Evaluation...*

* must be a precise date.
* cannot be prior to the Veteran’s *Date of Birth*.
* cannot be on or after the Veteran’s *Date of Death*.
* cannot be a future date.

Rated SC Disabilities

Code:

The *Code* associated with the service-connected or non-service connected medical condition for which a Veteran has been rated. The Veterans Benefit Administration determines the codes applicable to the Veteran through the compensation review process.

Description:

The *Description* of the rated disability code.

item of special interest symbolThis field is system filled based on the valid rated disability code entered.

Diagnostic Extremity:

This is defined as the portion of the body in which the disability is located.

Choices are:

* Left Lower Extremity
* Left Upper Extremity
* Right Lower Extremity
* Right Upper Extremity
* Both Lower Extremities
* Both Upper Extremities

This data is shared with VistA.

Service Connected Percentage:

This is the percentage of disability typically attributable to injury or disease incurred or aggravated during active military service.

This data is shared with VistA.

***More...***

A service-connected rating is an official ruling by VA that the registrant's illness/condition is directly related to their active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.

Rules...

* Rated Disabilities are required when Service Connected % is zero or greater.
* A Disability % is required for each Rated Disability entered.

Original Effective Date:

This is the effective date on which the condition was originally determined to be service-connected.

This data is shared with VistA.

More...

The *Original Effective Date* for a disability is the date VBA determines as the first day a disability is considered service-connected. It could be the date on which the disability occurred, or if the claim for disability was filed much later, the date of the claim.

**Example**:

Veteran J. Smith files a SC claim in October 2002 for a Hand Injury. VBA awards in October 2004 a 20% SC for J. Smith. His original effective date is July 2002; the date the injury was incurred. In October 2005, the VBA updates this hand injury to 30% SC. Since the original rating was done after 2003, it was done in the corporate database. The original effective date remains July 2002, but the *Current Effective Date* is updated to September 2005, the date the new percentage was determined to take effect.

Rules...

* Rated Disability *Original Effective Date* cannot be prior to the *Date of Birth*.
* Rated Disability *Original Effective Date* cannot be after the *Date of Death*.

Current Effective Date:

This is the date on which the rated disability was/is effective.

This data is shared with VistA.

More...

This is the most recent date VBA establishes a new service-connected disability percentage for the particular diagnostic code.

Rules...

* Rated Disability *Current Effective Date* cannot be prior to *Date of Birth*.
* Rated Disability *Current Effective Date* cannot be after *Date of Death*.

Item of special interest symbol**Note**: The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA) – Click theright arrow symbolarrow to expand the VOA file attachments list.

The VOA File Attachments function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachment(s), determine what document type(s) they contain, and indicate whether the document(s) is (are) acceptable or not.

FileName

This is the attachment file name. When the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

More...

This allows the user to examine the contents of the attachment in order to determine the document type(s) (DD-214, Military Orders of Award, etc.) and whether or not to “Accept?” the document(s) as valid.

FileType

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

DocType

The allowable values from which to select are: DD-214, DD215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

More...

The user may “remove” a *DocType* from the list by selecting “Remove it” for the *DocType* and then clicking the ***UPDATE*** button.

When “Remove it” is selected for the DocType, the Accept? check box cannot be checked.

Accept?

The user has the ability to either accept or reject the attached document as a valid copy a Veteran’s DD-214, Military Orders of Award, etc. To accept the attachment, make sure there is a check in the check box.

Updated

When a user edits the *Accept?* indicator via the ***UPDATE***  button, the system updates the *Updated* date/time field to the current date.

By

When a user edits the *Accept?* indicator via the ***UPDATE***  button, the system updates the *By* field ID to the user’s ID.

ADD

When the user clicks the ADD link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The ***UPDATE*** button allows the user to update the *DocType* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

Add/Edit POW Episode

Prisoner Of War Indicator:

Was the Veteran a Prisoner of War?

* *Yes* - Veteran meets the criteria of former Prisoner Of War. Veteran was captured or detained by an enemy force. Certain fields are related to the indication of **Yes**.

Rules...

* + When *POW Indicator* is answered **Yes**, the following additional fields are required: *Confinement Location*, *Capture/Release* Dates.

See additional *Rules* under each field.

* No - Veteran was NOT a former prisoner of war.
* No Data

More...

Verification can be obtained from DD-214, POW Registry or other authoritative source. Confirmed POWs have special eligibility and will be enrolled in PG 3.

POW Source:

*POW Source* is defined as the source where POW documentation was received and or reported.

Choices are:

* All
* DoD - Department of Defense
* NARA - National Archives and Records Admin.
* Other
* VAMC
* VBA - Veterans Benefit Administration
* Veteran
* VistA

Document Type:

POW *Document Type* is defined as the type of document sent to the HEC for proof that Veteran was a POW.

Valid types are:

* DD-214
* DD-215
* Military Orders of Award
* Other Official Service Records
* WD AGO Forms
* VBA/DoD File

required field symbolCapture Date:

This is the date on which the Veteran entered into a listed POW camp.

Rules...

* *Capture Date* is required if *POW Indicator* is **Yes**.
* *Capture Date* must be at least a Month and Year.
* *Capture Date* must be equal to or less than the *Release Date*.
* *Capture and Release Dates* cannot fall after a person's Date of Death.
* *Capture Date* cannot be prior to *Date of Birth*.

required field symbolRelease Date:

This is the date on which the Veteran was released or rescued from the POW camp.

Rules...

* *Release Date* is required if *POW Indicator* is **Yes**.
* *Release Date* must be at least a Month and Year.
* *Release Date* must be equal to or greater than the *Capture Date*.
* *Capture* and *Release Dates* cannot fall after a person's *Date of Death*.
* *Release Date* cannot be prior to *Date of Birth*.

Days of Captivity:

This is a system-calculated number of days between the *Capture Date* and *Release Date*.

*Item of special interest symbolDays of Captivity* will only calculate if *Capture Date* and *Release Date* are both precise dates. If the *Capture Date* and *Release Date* are the same, *Days of Captivity* will be 1.

required field symbolConfinement Location:

This is the confinement location where the Veteran was kept as a POW. Select from the dropdown list.

Camp:

This is the camp name where the Veteran was kept as a POW. Make a selection from the dropdown list.

More…

Item of special interest symbolNote that when a *Camp* name is selected, the ES automatically system fills the appropriate *Camp Code* and *Camp City*.

Camp Code:

This code indicates the particular Prisoner of War camp. This is system filled.

Camp City:

The city/country in which the Prisoner of War camp was located. This is system filled.

Purple Heart Status:

This is the PH status assigned to the Veteran (display only). All sites of record are notified for these statuses.

Statuses are:

* Confirmed - once the appropriate fields are annotated and the document status is acceptable (**YES**), the Veteran is then confirmed as a Purple Heart recipient.
* Initial Ltr Sent - initial letter has been sent to the Veteran. Awaiting reply.
* Second Ltr Sent - the time period for a reply for the initial letter has expired and a second letter has been sent. Awaiting reply.
* Pending
* In Process - the PH status confirmation is still being processed.

Aid & Attendance:

Aid & Attendance indicates if the registrant is receiving  A&A benefits from the Dept. of Veterans Affairs.

* Yes - the registrant is in receipt of Aid & Attendance

***More...***

A&A is a benefit paid in addition to monthly pension. This benefit may not be paid without eligibility to pension. A&A is a benefit that VA pays to eligible beneficiaries who are permanently bedridden or so helpless as to be in need of regular aid and attendance. Verification of this benefit can be verified via VIS, SHARE, or other authoritative source. Beneficiaries in receipt of A&A will be enrolled in PG 4 and will be exempt from all copays.

* No - the registrant is NOT in receipt of Aid & Attendance benefits

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

* A registrant cannot be both A&A and HB at the same time.
* If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES,** user cannot enter **Yes** for *VA Pension* indicator.

Housebound:

Housebound (HB) indicates whether the registrant is receiving HB benefits from the Dept. of Veterans Affairs.

* Yes - If registrant has been determined by VBA to be permanently HB and in receipt of HB benefits

***More...***

*Housebound* is paid in addition to monthly pension. Like A&A, Housebound benefits may not be paid without eligibility to pension. Verification of this benefit can be verified via VIS, SHARE or other authoritative source. Beneficiaries in receipt of HB benefits will be enrolled in PG 4 and will be exempt from all copays.

* No - If registrant is NOT in receipt of HB benefits

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the *Veteran Indicator* is **No**.

Rules...

* A registrant cannot be both A&A and HB at the same time.
* If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **YES,** user cannot enter **Yes** for *VA Pension* indicator.

VA Pension:

Is the Veteran receiving pension benefits from the Dept. of Veterans Affairs?

* Yes - If the Veteran is in receipt of a VA Pension.

***More...***

VA Pension is a benefit the VBA pays to wartime Veterans with limited income, and who are permanently and totally disabled or at least 65 years old. Veterans who are more seriously disabled may qualify for [Aid & Attendance or Housebound](http://www.vba.va.gov/bln/21/pension/vetpen.htm#7) benefits. These are benefits that are paid in addition to the basic pension rate. The benefit can be verified by [VIS](javascript:void(0);), [SHARE](javascript:void(0);) or other authoritative source. Veterans in receipt of VA pension benefits will be enrolled in PG 5 and will be exempt from all copays.

* No - If the Veteran is NOT in receipt of a VA Pension. This can be verified by VIS, SHARE or other authoritative source.

More...

When the *Veteran Indicator* is changed from **Yes** to **No**, the system automatically sets several fields as follows: *VA Pension Indicator* is set to **No** and the *Pension Award Effective Date* and the *Pension Award Reason* codes are set to null.

This data is shared with VistA.

item of special interest symbol This field cannot be edited if the Veteran Indicator is No.

Rules...

* If the SC % is greater than or equal to 90% and *Aid & Attendance* or *Housebound* indicator is **Yes,** user cannot enter **Yes** for *VA Pension* indicator.
* *Receiving VA Pension* requires *Annual Check Amount* to be $0 or greater.
* *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.
* If the *VA Pension* indicator is changed to **Yes**, the *Pension Award Effective Date* is required.

Pension Award Effective Date:

This is the effective date of the original award of the VA Pension Benefit or the latest date of change to the VA Pension Award. Check the *Pension Award* *Reason* to see if the date on file is the original award or the latest change.

More...

* If the Pension Award Effective Date is deleted, the Pension Award Reason code is also deleted.

Rules...

* *Pension Award Effective Date* can be entered or edited only if the *VA Pension* indicator is **Yes**.
* *Pension Award Effective Date* must be a precise date.
* *Pension Award Effective Date* cannot be a future date.
* *Pension Award Effective Date* cannot be prior to the *Pension Termination Date*.
* If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Effective Date* is required.

Pension Award Reason:

This is the reason or change reason for the *Pension Award*. Select from the dropdown list.

Rules...

* If the *VA Pension* indicator is changed from null to **Yes** or **No** to **Yes**, *Pension Award Reason* is required.

Pension Termination Date:

This is the date on which the *Pension Award* was terminated.

Rules...

* *Pension Termination Date* must be a precise date.
* *Pension Termination Date* cannot be a future date.
* *Pension Termination Date* can only be entered when the *VA Pension* indicator is **No**.
* The *Pension Termination Date* cannot prior to the *Pension Award Effective Date*.
* If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 1:

This represents the first reason the pension was terminated. Termination of the *VA Pension* benefit can be for multiple reasons. VBA shares the most recent four codes on file.

Rules...

* If the *VA Pension* indicator is changed from null to **No** or **Yes** to **No**, *Pension Termination Date* is required and at least 1 *Pension Termination Reason* is required.

Pension Termination Reason 2:

This represents the second reason the pension was terminated.

Pension Termination Reason 3:

This represents the third reason the pension was terminated.

Pension Termination Reason 4:

This represents the fourth reason the pension was terminated.

Receiving VA Disability Compensation:

This indicates whether the Veteran is receiving disability payments.

* Yes - If Veteran is in receipt of disability compensation (monetary) as a result of injuries or diseases sustained or aggravated while on active duty as awarded by VBA.

***More...***

Receipt of disability compensation can be verified via [VIS](javascript:void(0);), [SHARE](javascript:void(0);), VA letter of rating, or other verified authoritative source. These Veterans are exempt from copays for medical care, but may be required to make copays for prescriptions, for NON-service connected conditions.

* No - If Veteran is NOT in receipt of a rated service-connected VA disability compensation. This can be verified via SHARE or other authoritative source.

This data is shared with VistA.

Rules...

* *Receiving VA Disability Compensation* requires an *Annual Check Amount* greater than zero.
* *Receiving VA Disability Compensation* and *VA Pension* indicators cannot both be **Yes**.

Total Monthly Check Amount:

*Total Monthly Check Amount* is defined as a total monthly dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

Rules...

* If the *VA Pension* indicator is set to **Yes**, then *Total Monthly Check Amount* must be greater than or equal to $0.

Annual Check Amount:

*Annual Check Amount* is a total annual dollar amount for A&A, Housebound, Pension, and/or Disability payments from the VBA.

*Annual Check Amount* is system filled based on the amount entered in the *Total Monthly Check Amount* field.

This data is shared with VistA.

Rules...

* Annual Check Amount is required when Receiving VA Disability Compensation is **Yes**.
* Annual Check Amount greater than zero is required when Permanent & Total is **Yes**.
* Annual Check Amount must be greater than or equal to $0.00 and less than or equal to $99999.00.

Unemployable:

A code that indicates whether this Veteran is rated unemployable by the VARO due to a service-connected condition.

This data is shared with VistA.

* Yes - If **Yes**, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than $0.
* No

Permanent & Total:

*Permanent & Total* indicates whether the Veteran is permanently and totally disabled determined by VARO due to a service-connected condition.

This data is shared with VistA.

Acceptable choices are:

* Yes - Veteran is rated P&T by VBA.

***More...*** *P&T is a rated disability which demonstrates that the Veteran is unable to have gainful employment. P&T rating can be verified by VIS, SHARE or VA rating/award letter. The Veteran is exempt from means/copay testing and will be enrolled in the appropriate PG (1-3) depending on SC disability percentage.*

***Rules...*** *If* ***Yes****, the Veteran must have SC% equal to or greater than 10% and less than or equal to 100%, and the Annual Check Amount must be greater than zero. If* ***Yes****, an effective date must be entered.*

* No - If Veteran has not been rated P&T. This can be verified by using SHARE or other authoritative source.

More...

If the Veteran has only one Rated Disability, the SC% must be equal to or greater than 60%.

OR

If the Veteran has more than one Rated Disability, then the SC% must be equal to or greater than 70% AND one of the Rated Disabilities must have SC% equal to or greater than 40%. When not sure about entering P&T, leave it out of your update.

Permanent & Total Effective Date:

If *Permanent & Total* is marked as **Yes**, this is the effective date on which the Veteran became permanently and totally disabled as determined by VARO due to a service-connected condition.

This data is shared with VistA.

Rules...

* *P&T Effective Date* must be a precise date.
* *P&T Effective Date* cannot be a future date*.*
* *P&T Effective Date* cannot be prior to the *Date of Birth.*
* *P&T Effective Date* cannot be after the *Date of Death.*

Rated Incompetent:

*Rated Incompetent* indicates whether a Veteran has been rated incompetent by the VA to handle his/her funds.

Acceptable choices are:

* Yes - Veteran is determined to be Rated Incompetent by the VBA, or civil authorities.

***More...***

Verify incompetent rating via VBA award letter, VIS or SHARE. No impact to eligibility. User needs to document the Veteran’s Legal Guardian using Power of Attorney as a source.

* No - Veteran is NOT determined to be Rated Incompetent.
* No Data

This data is shared with VistA.

Civil Date:

Date Ruled Incompetent (Civil) is the date on which the Veteran was ruled incompetent to handle her/his personal funds.

Rules...

* Rated Incompetent *Civil Date* cannot be a future date, but must be after Veteran's DOB.
* Rated Incompetent *Civil Date* cannot be after the Veteran's *Date of Deat*h.

VA Date:

Date Ruled Incompetent (VA) is the date on which the Veteran was ruled incompetent to handle her/his VA Funds.

Rules...

* If the year is omitted, the system uses CURRENT YEAR.
* Rated Incompetent *VA Date* cannot be a future date, must be after Veteran's DOB.
* Rated Incompetent *VA Date* cannot be after the Veteran's *Date of Death*.

Eligibility for Medicaid:

*Eligible for Medicaid* indicates whether this registrant is eligible to receive Medicaid coverage.

* Yes - Registrant is in receipt of Medicaid benefits or other state sponsored compatible benefits.

***More...***

Registrant is not required to complete financial assessment tests. Verify with registrant and obtain copy of Medicaid card. States that do not have Medicaid offer a compatible benefit. Appropriate state confirmation document should be obtained.

* No - Registrant is NOT in receipt of Medicaid or compatible benefits.
* No Data

This data is shared with VistA.

Date Medicaid Last Updated:

*Date Medicaid Last Updated* is the date the *Eligibility for* Medicaid indicator was last updated.

Item of special interest symbolWhenever the Eligibility for Medicaid field is changed, the Date Medicaid Last Updated field defaults to the current date and time.

Rules...

* *Date Medicaid Last Updated* cannot be a future date.

This data is shared with VistA.

Ineligible Date:

The effective date on which this registrant was found to be ineligible for VHA Health Care.

This data is shared with VistA.

Rules...

* *Ineligible Reason* is required when an *Ineligible Date* is entered.
* The *Ineligible VARO Decision* is required when an *Ineligible Date* is entered.
* The *Ineligible Date* cannot be prior to the earliest Service Entry Date.
* *Ineligible Date* must be a precise date.
* *Ineligible Date* cannot be a future date.
* *Ineligible Date* cannot be a prior to the *Date of Birth*.

required field symbolIneligible Reason:

The reason why the registrant is ineligible for enrollment into the VA Health Care System. This field is required if an *Ineligible Date* is entered (i.e., Active Duty for Training Only, Served Less Than 24 months, DVA per VARO, OTH Char of Svc-Admin Decision Req).

This data is shared with VistA.

Rules...

* *Ineligible Reason* character length must be 1 - 40 characters.
* *Ineligible Reason* is required when there is an *Ineligible Date*.

Ineligible VARO Decision:

The VARO reason why the registrant is ineligible for treatment, if *Ineligible Date* is entered. If available, enter VARO Station Number and Date of Decision.

This data is shared with VistA.

Rules...

* This field is not required unless an *Ineligible Date* is entered.
* Character length for *Ineligible VARO Decision* should be between 3 and 75 characters.

Other Eligibility Factors

Discharge Due to Disability:

*Discharge Due to Disability* is an indicator that is collected on the 1010EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty.

* Yes - Veteran was discharged from a branch of the Armed Forces due to a disability incurred in or aggravated in the line of duty.

***More...***

Discharge is indicated on the DD-214, DD-215, or other VBA/DoD sources. Veterans discharged due to disability are placed in Priority Group 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

* No - Veteran was NOT discharged due to a disability incurred or aggravated in the line of duty.
* No Data

Military Disability Retirement:

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

* Yes - Veteran is retired from a branch of the armed forces due to a disability incurred or aggravated in the line of duty and is in receipt of military disability retirement pay.

***More...***

Verify via DD-214, query VBA, VIS or SHARE. This does not apply to Veterans retired for length of service. Veterans receiving *Military Disability Retirement* are placed in PG 3 unless other attributes place them into a higher priority group and Veteran is no longer required to take the income assessment.

* No - Veteran is NOT retired from the armed forces due to a disability.
* No Data

Agent Orange Exposure Location:

*Agent Orange Exposure Location* is the location where a Veteran was exposed to Agent Orange.

* Korean DMZ
* Other
* Vietnam

This data is shared with VistA.

Radiation Exposure Method:

*Radiation Exposure Method* is the method by which this patient was exposed to ionizing radiation.

* Nagasaki/Hiroshima - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946.
* Atmospheric Nuclear Testing - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV).
* H/N and Atmospheric Testing - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site.
* Underground Nuclear Testing - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974.
* Exposure at Nuclear Facility - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992.
* Other - a method that does not fit any of the other categories.

SW Asia Conditions:

*SW Asia Conditions* indicates whether the Veteran was exposed to environmental contaminants while serving in the Military.

* Yes - The Veteran served in SW Asia Theater of operation during the Persian Gulf War, which began in 1990.

***More...***

This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later. The SW Asia theaters of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

* No - The Veteran has no service in the SW Asia Theater of Operations during the Persian Gulf War or does not claim need for care for conditions related to service in SW Asia during the Persian Gulf War, which began in 1990.

Spinal Cord Injury:

*Spinal Cord Injury* *indicates* whether the registrant suffers from a spinal cord injury and to what degree.

The user may choose from the dropdown.

Nose and Throat Radium Treatments:

*Nose and Throat Radium Treatments* indicates whether the registrant underwent NTR treatments while serving in the military or whether it’s unknown.

User may select **Yes**, **No**, or **Unknown**.

More...

Veterans who served as an aviator in the active military, naval, or air service before the end of the Korean conflict or received submarine training in active naval service before January 1, 1965 may have received nasopharyngeal radium treatment (NPR) while in the military. Some veterans who received this treatment may have head and/or neck cancer that may be related to the exposure. These veterans are provided care for this condition at no cost.

Camp Lejeune Eligibility:

* Yes - If the Veteran is *Camp Lejeune* eligible.
* No - If the Veteran is not *Camp Lejeune* eligible.

***More***...

*Camp Lejeune Eligibility* indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following:

* Dishonorable
* Other than Honorable
* Undesirable
* Bad Conduct
* Dishonorable-VA

item of special interest symbol When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a *Camp Lejeune Eligibility* value. Otherwise, the field is disabled.

This data is shared with VistA.

Verified Methods:

item of special interest symbol *Verified Methods* and the CL fields that follow display only if the *Camp Lejeune Eligibility* indicator is *Yes*.

More...

This field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.

These values may come from other sources.

Rules...

* Once any Camp Lejeune Verified Method has been selected, at least one must remain selected.

Comments:

The free text 200-character *Comments* field is enabled and required if a Verified Method of **OTHER** is selected.

Non-Veteran Eligibility Codes

TRICARE:

*TRICARE* is the Department of Defense regionally managed Healthcare program for service families.

More...

*TRICARE* Online may be used to make medical appointments, review medical claims, order prescription renewals or refills, and make enrollment changes. The system may also permit users to communicate electronically with healthcare providers, create or customize a *TRICARE* Online web page, and use the Personal Health Care Manager.

Sharing Agreement:

This is defined as resources sharing between the two departments encompassing a wide range of services, from the construction of joint medical facilities for use by VA/DoD beneficiaries to joint use of laboratory or laundry services.

***More...***

The purpose of the VA/DoD Healthcare Resources Sharing Program is to encourage the cost-effective use of Federal Healthcare resources by minimizing the duplication, and the under use of Healthcare resources, while benefiting both VA and DoD beneficiaries.

Allied Veteran Country:

This is defined as the registrant's allied country of origin.

This data is shared with VistA.

Rules...

* If an Allied country is selected, the registrant will be assigned an *Eligibility Code* of **Allied Veteran**. The *Allied Veteran Country* is required information for registration as an Allied Beneficiary. Authorized selections are (1) Canada or (2) United Kingdom (UK) Great (GRT) Britain / N. Ireland. Qualifying service with Poland and/or Czechoslovakia grants Veterans eligibility as a non-service connected beneficiary, provided they meet the qualifications as outlined in the Allied Beneficiary Handbook.

***More...***

Qualifying Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should authorize the care and reimburse VA. Allied Beneficiaries are individuals receiving a war pension or equivalent for service-related conditions or disabilities from a country who was allied or associated with the United States in World War I (except any nation which was an enemy of the United States during World War II), or in World War II, with agreements requiring reimbursement (reciprocal agreements) with the United States (currently only England (UK. Grt. Britain / N. Ireland) and Canada). If the Allied Beneficiaries served with Poland and/or Czechoslovakia and are in receipt of a VA monetary benefit from Great (GRT) Britain based on a SC condition, they can elect to be registered as an Allied Beneficiary and country of UK. Grt. Britain / N. Ireland will be selected as the *Allied Veteran Country*. Allied Beneficiaries are eligible for treatment for SC conditions only and the Allied Country should be billed for their care. Poland and/or Czechoslovakia Veterans cannot elect both Allied Veteran Status and non-service connected eligibility.

CHAMPVA:

Civilian Health and Medical Program of the Uniformed Services or Veteran's Affairs (*CHAMPVA*) is an insurance program in which the VA shares the cost of covered healthcare services and supplies for active duty and retired career military persons, their dependents, and survivors.

* Yes – The spouse or widow(er) and the children of a Veteran who meet the criteria of CHAMPVA eligibility.

***More...***

Eligibility includes the dependents of Veterans who are rated permanently and totally disabled due to a service-connected disability, or were rated permanently and totally disabled due to a service-connected condition at the time of death, or died of a service-connected disability, or died on active duty and the dependents who are not otherwise eligible for [DoD](javascript:void(0);) [TRICARE](javascript:void(0);) benefits. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare services and supplies with eligible beneficiaries.

* No – The registrant does NOT meet the criteria of CHAMPVA eligibility.

Employee:

This is an employee of the VAMC.

* Yes – The registrant is an employee of the VAMC or one of its associated sister facilities.

***More...***

If **Yes** is selected, then the patient is marked as *Sensitive*.

* No – The registrant is NOT an employee of the VAMC.

Collateral Of Vet:

*Collateral of Veteran* is a person related to or associated with a Veteran receiving care from the VA. The registrant is seen by a professional member of the VA Health Care facility's staff either within the facility or at a site away from the facility for reasons relating to the Veteran's clinical care.

* Yes – The registrant is not a Veteran but is associated with a Veteran through a specific program of care.

***More...***

The purpose of this clinical contact must be an integral part of the Veteran's treatment plan; it must be documented in the treatment plan and progress notes in such a way as to demonstrate the role of the person in assisting the Veteran to achieve a specific treatment goal or goals. Examples of appropriate designation of a collateral visit include: initial and follow-up contacts for a person assisting a Veteran's physical rehabilitation program in the home; participation of a family member in outpatient family psychotherapy; continuing education and follow through with primary care giver such as residential care sponsor.. Examples include spouse/child or associate of Veteran.

* No – The registrant does NOT meet the criteria for collateral of vet.

Other Federal Agency:

This is defined as another source for the registrant's rated SC disability. Examples might include any organization of the U.S. Government, such as **Department of Defense**, **Department of the Army** etc.

**required field symbol** Indicates Required Field

#### Edit Purple Heart

Purple Heart (PH) is a medal awarded to a member of the military who has been wounded or killed in combat or hostile forces. *Purple Heart* Recipients must be confirmed using a DD-214 (Discharge), DD-215 (Correction to Discharge), WD AGO (War Department Adjutant General's Office Form), Service Records showing the award, Military Orders of the Award, or other authoritative sources. A copy of the certificate in and of itself is not confirmation of PH status. Confirmed PH recipients will be enrolled in PG 3 and will be exempt from outpatient medical care copays.

A Mariner's medal, while it may be similar to a PH, is not the same. Therefore, this beneficiary cannot be listed as a PH recipient.

**VIEW HISTORICAL PURPLE HEART**

Purple Heart Status:

This is the PH status assigned to the Veteran (display only).

Statuses are:

* Confirmed - once the appropriate fields are annotated and the document status is acceptable, **YES**, the Veteran is then confirmed as a Purple Heart recipient.  
    
  All sites of record are notified.
* In Process  - the PH status confirmation is still being processed.  
    
  All sites of record are notified.
* Initial Ltr Sent  - initial letter has been sent to the Veteran. Awaiting reply.  
    
  All sites of record are notified.
* Pending  - All sites of record are notified.
* Rejected  - All sites of record are notified.

Status Update:

This is the date the beneficiary's PH *Status* was last updated (display only).

Purple Heart Facility:

This is the facility from which the PH information was received (display only).

Assigned LAS:

This is the Legal Administrative Specialist (LAS) assigned to the case (display only).

This field is editable for users with the proper permissions.

Rejected Remarks:

This is a remark for why PH was rejected. Select from the dropdown.

Last Update Date:

This is the date and time the record was last updated (Read Only).

Last Updated By:

This is the user who made the last update (Read Only).

Item of special interest symbol**Note**: The **VOA File Attachments** functionality described below will not be operational until the *Veterans Online Application* is release at a later date.

VOA File Attachments (VOA) – Click theright arrow symbolarrow to expand the VOA file attachments list.

The VOA File Attachments function allows a user to view files that were attached to an application for healthcare benefits that has been submitted via the VOA Self Service system. These attachments can be copies of documents such as DD-214s, Military Orders of Award, etc. and be in a limited variety of file types. From here the user is able to view the attachment(s), determine what document type(s) they contain, and indicate whether the document(s) is(are) acceptable or not.

File Name:

This is the attachment file name. If the user clicks on the file name, the system displays the contents of the selected file attachment in a new window.

File Type:

This is the attachment file type. One example is pdf. The system determines the appropriate viewer/browser to use for displaying the file content based on the associated file.

Doc Type:

The allowable values from which to select are: DD-214, DD-215, WD AGO Form, Military Orders of Award, Other Official Service Records, VBA/DoD File, VBA Letter.

Accept?:

The user has the ability to either accept or reject the attached document. The decision is displayed here.

Updated:

When a user edits the *Accept?* indicator via the ***UPDATE***  button, the system updates the *Updated* date/time field to the current date.

By:

When a user edits the *Accept?* indicator via the ***UPDATE***  button, the system updates the *By* field ID to the user’s ID.

ADD:

When the user clicks the ADD link, the system allows the user to add another *DocType* for a file attachment.

UPDATE

The ***UPDATE*** button allows the user to update the *Doc Type* and/or *Accept?* fields. After doing so, the system updates the *Updated* date/time and the *By* fields.

Document Receipt

Document Receipt Date:

Enter the date the PH documentation was received.

Rules...

* Format: mm/dd/yyyy

Document Log In Date:

This is the date the confirmation documentation was logged in (display only).

Document Type:

Select the type of confirmation PH documentation from the dropdown.

Data Source:

Select the data source for the confirmation PH documentation from the dropdown.

Document Acceptable:

Is the documentation acceptable?

* Yes
* No - user may enter Unacceptable Remarks if answering **No** to Document Acceptable.

Rules...

The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's PH Award must be provided. For example, any one of the following documents is acceptable:

* DD-214 (Discharge)
* DD-215 (Discharge Update)
* World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO)
* Service Records showing the award
* Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

**Log New Document**

New Document Receipt

Document Receipt Date:

Enter the date the PH documentation was received.

Rules...

* Format: mm/dd/yyyy

Document Log In Date:

This is the date the confirmation documentation was logged in (display only).

Assigned LAS:

From the dropdown, select the Legal Administrative Specialist (LAS) to be assigned to the case.

Document Type:

Select the type of confirmation PH documentation from the dropdown.

Data Source:

Select the data source for the confirmation PH documentation from the dropdown.

Document Acceptable:

Is the documentation acceptable?

* Yes
* No - user may enter Unacceptable Remarks if answering **No** to Document Acceptable.

Rules...

The PH certificate or medal alone cannot be used for documentation. Additional documentation supporting the Veteran's PH Award must be provided. For example, any one of the following documents is acceptable:

* DD-214 (Discharge)
* DD-215 (Discharge Update)
* World War II Veterans may present the discharge or separation document issued by the War Department Adjutant General's Office (WD AGO)
* Service records showing the award
* Military Orders of the Award

Unacceptable Remark:

Enter the reason why the confirmation PH documentation is unacceptable.

#### Select Period of Service

The *Select Period of Service* screen displays when user has manually changed the *Veteran Indicator* on the *Edit Current Eligibility* screen from **Yes** to **No**, (making a Veteran a non-Veteran) and clicked the ***Accept Changes*** button.

The *Period of Service* (POS) values available are contingent on the specific *Non-Veteran Eligibility Code* selected. If multiple *Non-Veteran Eligibility Codes* are selected, the system will determine the available *Period of Service* dropdown selections based on a hierarchy. Only one POS may be selected. The system will not allow the submission of the data until the POS is entered.

Select Period Of Service

Primary Eligibility Code:

This is the *Non-Veteran Eligibility Code* that has been selected on the *Edit Current Eligibility* screen.

System filled.

required field symbolPeriod of Service:

*Period of Service* (POS) is the POS which best classifies the beneficiary. The primary period of service is the POS that takes precedence in determining the highest benefits afforded to the beneficiary.

This data is shared with VistA.

***More...***

The user must manually enter a *Period of Service* if they manually change the Veteran Indicator from **Yes** to **No**, making a Veteran a non-Veteran.

The *Period of Service* the user must enter is contingent on the specific *Non-Veteran Eligibility Code* that has been entered on the *Edit Current Eligibility* screen. If multiple *Non-Veteran Eligibility Codes* are selected, the system will determine the available *Period of Service* dropdown selections based on a hierarchy.

Only one POS may be entered.

Rules...

* *Period of Service* is a required entry.

**required field symbol** Indicates Required Field

### Demographics

#### Overview

##### Demographics Overview

The Overview screen presents the user with a snapshot of the demographic information that is available for the beneficiary.

From this screen the user may:

Update Mailing Address - allows user to update beneficiary's permanent mailing address information

Update Associates - presents the user with a snapshot of the current associate information available for the beneficiary. User may click on a current *Name* link to update the information for that associate. From this page the user may also click on the ***Add Associate*** button to add other associates. The Add Other Associates link also presents the user with the *Add Associates* page allowing them to add other associates.

Update Personal - allows user to add or update items such as beneficiary's *Date of Death*, *Employment Status* and *Preferred Language* (currently inactive) information.

Update Insurance - allows the user to access insurance information as well as enter/edit specific beneficiary insurance information.

#### Identity Traits

##### Identity Traits

*Identity Traits* are a set of data fields that uniquely identify the beneficiary.

When *Identity Trait* updates are pending, the user can only view data. The system prevents any updates or edits to the beneficiary information.

**VIEW SUBMITTED IDENTITY TRAITS**

Allows user to view the *Identity Traits* updates that have been submitted for this patient and the current status of those updates for user-selected dates/times.

**VIEW HISTORICAL IDENTITY TRAITS**

Allows user to view the *Identity Traits* history changes made for this patient with "Old" and "New" values for user-selected dates/times.

Prefix:

*Prefix* is the title supplied for the beneficiary such as Mr., Ms., Mrs., etc.

Rules...

* If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
* *Prefix* is free text and must be between 1 and 10 characters.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal first name. Avoid using nicknames or ambiguous information.

***More...***

Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* Official documentation (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
* *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full *Middle Name*, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

More...

Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

* No parenthesis may be used.
* Official documentation (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver’s license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
* *Middle Name* must be between 1 and 25 characters.

Last Name:

The NAME fields are an important element in the unique identity of a person. Enter the beneficiary's complete legal *Last Name*.

More...

Once the HEC receives the beneficiary's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

* Multiple *Last Name* components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* Official documentation (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
* *Last Name* must be between 1 and 35 characters.
* Individual's *Last Name* is a required field.

Suffix:

*Suffix* is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

* Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
* Suffixes must be entered without punctuation.
* *Suffix* must be between 1 and 10 characters.

SSN:

*SSN* is defined as the individual's social security number.

Rules...

* It is 9 numeric.
* The following *SSN* can never be possible (according to SSA):

123456789

* The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
* The middle two numbers cannot be 00.
* The last four numbers cannot be 0000.
* The first three numbers cannot be 000.
* The *SSN* cannot be a *Pseudo SSN*.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

* In-Process ...SSN validation is being processed.
* Invalid per SSA ...SSA has declared SSN invalid.
* New Record ...indicates this is a new record and needs to be sent to SSA for verification.
* Resend to SSA ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
* Verified ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

This indicates the date of the *SSN* verification from the Social Security Administration (system generated).

SSA Message:

An error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

*SSN Source of Change* is an audit field to capture the source of the updated *SSN*. Select from the dropdown.

Pseudo SSN Reason:

Three choices for assigning a beneficiary *Pseudo SSN* are:

* Follow-up required

Verification Process:

1. System sends letter to beneficiary asking for SSN.

2. If beneficiary returns SSN, HEC then sends the SSN validation request to the SSA.

* No *SSN* assigned
* Refused to Provide

This data is shared with VistA.

Item of special interest symbolIf a beneficiary has a *Pseudo SSN* in VistA, it will not display in ES. However, if reason populated in VistA, the user will see a *Pseudo SSN Reason*.

Rules...

* *Pseudo SSN Reason* is required for first time entry of *Pseudo SSN* where no SSN previously existed.

Birth Sex:

Birth Sex is defined as the gender that best describes this individual's sex.

***More...***

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

* F – Female
* M – Male

Self-Identified Gender Identity: (Currently Inactive)

This is the gender with which the Veteran identifies.

This field functionality is scheduled for a future release.

Date of Birth:

The Date of Birth is the date an individual was born.

Rules...

* Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.
* *Date of Birth* cannot be a future date.
* *Date of Birth* cannot occur after the *Date of Death*.
* *Date of Birth* cannot occur after the *Ineligible Date*.
* *Date of Birth* cannot occur after the *Enrollment Application Date.*

Place of Birth City:

The *Place of Birth City* is where the beneficiary was born. *Place of Birth City* is display only.

This data is shared with VistA.

Place of Birth State:

The *Place of Birth State* is where the beneficiary was born. *Place of Birth State* is display only.

This data is shared with VistA.

Multiple Birth Indicator:

This field Indicates if the beneficiary is part of a multiple birth. Both Fraternal or Identical are included. *Multiple Birth Indicator* is display only.

Valid indicators are:

* Yes
* No
* No Data

This data is shared with VistA.

Mother’s Maiden Name:

This field displays the beneficiary ‘s mother’s maiden name in “LAST NAME, FIRST NAME MI” format. *Mother's Maiden Name* is display only.

Race:

Race or racial group to which the beneficiary belongs. *Race* is display only and can have multiple values.

This data is shared with VistA.

Ethnicity:

The ethnicity to which the beneficiary belongs. *Ethnicity* is display only.

This data is shared with VistA.

#### Identity Traits

##### Identity Traits (Add a Person)

*Identity Traits* are a set of data fields that uniquely identify the registrant.

This Add-a-New-Person *Identity Traits* screen is pre-populated with the data that was entered in the *Search and Add a New Person* screen under the ***ESR Registration*** button.

When *Identity Trait* updates are pending, the user can only view data. The system prevents any updates or edits to the registrant information.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

**VIEW SUBMITTED IDENTITY TRAITS**

Allows user to view the *Identity Traits* updates that have been submitted for this person and the current status of those updates for user-selected dates/times.

**VIEW HISTORICAL IDENTITY TRAITS**

Allows user to view the *Identity Traits* history changes made for this person with "Old" and "New" values for user-selected dates/times.

Prefix:

*Prefix* is the title supplied for the registrant such as Mr., Ms., Mrs., etc.

Rules...

* If entering a *Prefix*, (such as MR, MRS, MS, and MISS) no punctuation must be used.
* *Prefix* is free text and must be between 1 and 10 characters.

First Name:

The Name fields are an important element in the unique identity of a person. Enter the registrant’s complete legal first name. Avoid using nicknames or ambiguous information.

More...

Once the HEC receives the registrant's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* Official documentation (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
* *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full *Middle Name*, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN. Do not use only an initial unless an initial is the person's given middle name.

***More...***

Once the HEC receives the registrant's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

* No parenthesis may be used.
* Official documentation (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver’s license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
* *Middle Name* must be between 1 and 25 characters.

required field symbolLast Name:

The NAME fields are an important element in the unique identity of a person. This required field should be pre-populated.

This field is editable using the rules below as a guide.

More...

Once the HEC receives the registrant's SSN verification from the SSA, all related demographic information (Name, SSN and Date of Birth) may be verified.

Rules...

* Multiple *Last Name* components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* Official documentation (Official documentation is defined as court documents or Social Security card. If individual state procedures for driver's license application or similar documents meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.) must be required for a name change.
* *Last Name* must be between 1 and 35 characters.
* Registrant's *Last Name* is a required field.

Suffix:

*Suffix* is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

* Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
* Suffixes must be entered without punctuation.
* *Suffix* must be between 1 and 10 characters.

required field symbolSSN:

*SSN* is defined as the individual's social security number. This required field should be pre-populated.

This field is editable using the rules below as a guide.

Rules...

* It is 9 numeric.
* The following *SSN* can never be possible (according to SSA):

123456789

* The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
* The middle two numbers cannot be 00.
* The last four numbers cannot be 0000.
* The first three numbers cannot be 000.
* The *SSN* cannot be a *Pseudo SSN*.

SSA Verification Status:

An indicator, which describes the status of the SSN verification with SSA. Choices are:

* In-Process ...SSN validation is being processed.
* Invalid per SSA ...SSA has declared SSN invalid.
* New Record ...indicates this is a new record and needs to be sent to SSA for verification.
* Resend to SSA ...indicates that the SSN needs to be resent to SSA. This may be caused by a change to other identifying information such as name.
* Verified ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date:

This indicates the date of the *SSN* verification from the Social Security Administration (system generated).

SSA Message:

An error message that is received from the Social Security Administration (system generated).

SSN Source of Change:

*SSN Source of Change* is an audit field to capture the source of the updated *SSN*. Select from the dropdown.

Pseudo SSN Reason:

Three choices for assigning a registrant *Pseudo SSN* are:

* Follow-up required

Verification Process:

1. System sends letter to registrant asking for SSN.

2. If registrant returns SSN, HEC then sends the SSN validation request to the SSA.

* No *SSN* assigned
* Refused to Provide

This data is shared with VistA.

Item of special interest symbolIf a registrant has a Pseudo SSN in VistA, it will not display in ES. However, if reason populated in VistA, the user will see a Pseudo SSN Reason.

Rules...

* *Pseudo SSN Reason* is required for first time entry of *Pseudo SSN* where no SSN previously existed.

required field symbolBirth Sex:

Birth Sex is defined as the gender that best describes this individual's sex. This required field should be pre-populated.

***More...***

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

* F – Female
* M – Male

Self-Identified Gender Identity: (Currently Inactive)

This is the gender with which the Veteran identifies.

This field functionality is scheduled for a future release.

required field symbolDate of Birth:

The Date of Birth is the date an individual was born. This required field should be pre-populated.

This field is editable using the rules below as a guide.

Rules...

* Day, Month, and Year of birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full *Date of Birth* is not available.
* *Date of Birth* cannot be a future date.
* *Date of Birth* cannot occur after the *Date of Death*.
* *Date of Birth* cannot occur after the *Ineligible Date*.
* *Date of Birth* cannot occur after the *Enrollment Application Date.*

required field symbolPlace of Birth City:

The Place *of Birth City* is where the registrant was born.

*Place of Birth City* is free text and must be between 2 and 15 characters.

This data is shared with VistA.

required field symbolPlace of Birth State:

The Place *of Birth State* is where the registrant was born.

*Place of Birth State* lists state abbreviations and foreign locations. Select from the dropdown.

This data is shared with VistA.

Multiple Birth Indicator:

This field indicates if the registrant is part of a multiple birth. Both Fraternal and Identical are included.

Valid indicators are:

* Yes
* No

This data is shared with VistA.

Mother’s Maiden Name:

This field displays the registrant‘s mother’s maiden name in “LAST NAME, FIRST NAME MI” format.

*Mother’s Maiden Name* is free text and must be between 2 and 40 characters.

Race:

Race or racial group to which the registrant belongs. Select all that apply.

This data is shared with VistA.

Ethnicity:

The ethnicity to which the registrant belongs. Select from the dropdown.

This data is shared with VistA.

**required field symbol** Indicates Required Field

#### Personal

##### Personal (Person)

**VIEW HISTORICAL PERSONAL DATA**

Sensitivity Flag:

This is an indication that this beneficiary record is a sensitive record and only those with a business purpose should view the related information.

The indicator notifies HEC of a classified record.

This data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected, user may select a site from the *Sensitivity Flag Change Site* dropdown.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for *Sensitivity Flag Change Source*, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected for *Sensitivity Flag Change Source*, user may then select a site from the dropdown.

Degree:

The *Degree* field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Rules...

* *Degree* must be between 1 and 10 characters.

Alias Names:

*Alias Names* that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Field is display only.

Alias SSNs:

*Alias SSNs* that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

Field is display only.

Date of Death:

*Date of Death* is defined as the official deceased date for the individual.

Item of special interest symbol**Note**: When the user deletes the *Date of Death*, the system automatically deletes the *Death Notification Source*, *Death Notification Site* and the *Date of Death Report Date*.

***More...***

Death certificates are generally required to enter a *Date of Death*. *Dates of Death* must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.

Use the following as authoritative sources in order of precedence:

* Veterans Health Administration (VHA) facility is an authoritative source for *Date of Death* if the person died in the VHA facility or while under VA auspices.
* SSA
* Department of Vital Statistics
* Death Certificate
* National Cemetery Administration (NCA) is an authoritative source for the *Date of Death* if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

* *Date of Death* must be a precise date (mm/dd/yyyy).
* *Date of Death* cannot be a future date or a date prior to the *Date of Birth*.
* If *Date of Death* is populated, the *Death Notification Source* is required information.

Death Notification Source:

This is defined as the source of the DOD being added. Select from the dropdown.

Rules...

* *Death* *Notification Source* is required information if the *Date of Death* is populated.

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the DOD is reported or updated (system filled and may be imprecise).

More...

ES will use the date received if the source does not supply a date.

required field symbolPreferred Facility:

The system automatically determines the Veteran's *Preferred Facility* by obtaining a list of active and inactive PCPs from the Corporate Data Warehouse (CDW). "PCP" is the Veteran's Primary Care Provider.

The PCP is assigned in preferential order by source designation: Active PCP, Inactive PCP, ESR, then VistA. The source designation is next to the *Preferred Facility* field.

If there are preferred facilities with a source designation of "PCP Active", they are displayed and not editable.

Updates to the *Preferred Facility* fields are allowed only if the preferred facilities' source designation is "PCP Inactive", "ESR", "Vista", or "NULL."

From the dropdown, the user is required to select at least one *Preferred Facility*, if none exist. When selecting, the source designation for the selected/edited facility is set to "ESR".

This data is shared with VistA.

required field symbolPreferred Language: (Currently Inactive)

This is the Veteran’s preferred language. This field defaults to English, but may be changed.

The user selects the Preferred Language from a dropdown list.

required field symbolLanguage Entry Date: (Currently Inactive)

This is the date the Veteran’s *Preferred Language* was entered. The date can be entered manually or automatically.

More...

* The initial value for the *Language Entry Date* field is blank.
* If no date is entered, the value defaults to the current date upon a successful update.
* If the user selects a value from the *Preferred Language* drop-down list, the *Language Entry Date* field is blank, but can be edited. For example, if a Veteran enters his/her preferred language on a 10/10EZ form, the ES user should enter the date of the 10/10EZ form into the *Language Entry Date* field.

Rules...

* The *Language Entry Date* cannot be a future date.
* The *Language Entry Date* can be a date in the past. However,the date cannot be before the Veteran’s date of birth.

Claim Folder Number:

A number is automatically assigned by VBA to each individual's claim for VA benefits.

This data is shared with VistA.

Rules...

* The *Claim Folder Number* is a 7-9 character unique number utilized by the VBA prior to its conversion to use of the *SSN*. The data field will accept either this 7-9 character unique number or the *SSN*. A claim number is established only if the beneficiary has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.
* The *SSN* data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
* A *Pseudo SSN* is not appropriate for this field.

Claim Folder Location:

The *Claim Folder Location* is the VA regional office or record location where the beneficiary's claim folder is filed.

This data is shared with VistA.

Emergency Response:

The *Emergency Response* indicator can be multiple values. Currently, only **Hurricane Katrina** can be selected.

User Enrollee Valid Through:

Individuals who receive or are scheduled to receive healthcare services during a given fiscal year. A beneficiary who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

Field is system filled.

User Enrollee Site:

This is defined as a site that first identifies a user status for a given fiscal year.

Field is system filled.

Appointment Request Date:

This is the date VistA captures when the *Appointment Request Response* question is answered. The system captures the current date/time the prompt was answered.

A date is shown only if aresponseis displayed in the *Appointment Request Response* field.

Field is system filled.

This data is shared with VistA.

Appointment Request Response:

This is the "Yes" or "No" or null response from the Veteran when asked "Do you want an appointment?" as entered on the 10-10EZ form or as entered when registering a Veteran through the ESR Registration process.

Field is system filled.

This data is shared with VistA.

Benefit Applied For (VOA):

This is the benefit for which the applicant has applied.

Field is system filled.

Marital Status:

This is marital status of the applicant. Select from the dropdown.

This data is shared with VistA.

Religion:

This field is defined as the listed religion for the applicant.

Field is system filled.

Father’s Name:

This field is defined as the father’s name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

Field is system filled.

Mother’s Name:

This field is defined as the mother’s name for the applicant in the format of LAST, FIRST MIDDLE SUFFIX.

Field is system filled.

Employment Status:

*Employment Status* is the current employment status of the individual. Select from the dropdown.

If the *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If the *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

* Employer Name
* Employer Address Group
* Employer Phone Number
* Date of Retirement

Employer Name:

This is a free text field of 1 – 30 characters which displays the applicant’s employer’s name.

Field is system filled.

Occupation:

This is a free text field of 1 – 30 characters which displays the applicant’s occupation.

Field is system filled.

Employer Address Line 1:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 1* is the number and street or post office box of a mailing address.

Field is system filled.

Employer Address Line 2:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Field is system filled.

Employer Address Line 3:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Field is system filled.

City:

This is a free text field of 1 – 30 characters which displays the employer’s city.

Field is system filled.

State:

This field displays the employer’s state.

Field is system filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer’s zip code.

Field is system filled.

Employer Phone Number:

This is a free text field of 3 – 30 characters which displays the beneficiary’s employer’s phone number.

Field is system filled.

Date of Retirement:

This is the applicant’s Retirement Date in standard date format (mm/dd/yyyy).

Field is system filled unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* field is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

**required field symbol** Indicates Required Field

#### Personal

##### Personal (Add a Person)

This Add-a-Person *Personal* screen is pre-populated with the data that was entered in the *Search and Add a New Person* screen under the ***ESR Registration*** button.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

**VIEW HISTORICAL PERSONAL DATA**

Sensitivity Flag:

This is an indication that this registrant record is a sensitive record and only those with a business purpose should view the related information.

The indicator notifies HEC of a classified record.

This data is shared with VistA.

Sensitivity Flag Change Source:

Select the source of the Sensitivity Flag change. If **HEC** or **VBA** are selected, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected, user may select a site from the *Sensitivity Flag Change Site* dropdown.

Sensitivity Flag Change Site:

If **HEC** or **VBA** are selected for *Sensitivity Flag Change Source*, *Sensitivity Flag Change Site* defaults to **Health Eligibility Center**.

If **VAMC** is selected for *Sensitivity Flag Change Source*, user may then select a site from the dropdown.

Degree:

The *Degree* field may be used to denote the degree or profession (such as MD, PhD, and REV) and must be entered without punctuation.

Rules...

* *Degree* must be between 1 and 10 characters.

Alias First Names:

*Alias First Names* that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

* *Alias First Names* must be between 2 and 40 characters.
* Multiple *Alias First Names* can be entered separated by a space.

Alias Last Names:

*Alias Last Names* that have been issued to the person from SSA would be displayed here.

Also, names that have been previously used to assist in recognizing potential duplicates, such as maiden names or name changes due to marriage, divorce, etc. or identity theft situations would display.

Rules...

* *Alias Last Names* must be between 2 and 40 characters.
* Multiple *Alias Last Names* can be entered separated by a space.

Alias SSN:

*Alias SSNs* that have been issued to the person from SSA would be displayed here.

Also, SSNs that have been previously used to assist in recognizing potential duplicates or identity theft situations would display.

This field is editable using the rules below as a guide.

Rules...

* It is 9 numeric.
* The following *SSN* can never be possible (according to SSA):

123456789

* The SSN cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
* The middle two numbers cannot be 00.
* The last four numbers cannot be 0000.
* The first three numbers cannot be 000.
* The *SSN* cannot be a *Pseudo SSN*.

Date of Death:

*Date of Death* is defined as the official deceased date for the individual.

Item of special interest symbol**Note:** When the user deletes the Date of Death, the system automatically deletes the Death Notification Source, Death Notification Site and the Date of Death Report Date.

***More...***

Death certificates are generally required to enter a *Date of Death*. *Dates of Death* must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source.

Use the following as authoritative sources in order of precedence:

* Veterans Health Administration (VHA) facility is an authoritative source for *Date of Death* if the person died in the VHA facility or while under VA auspices.
* SSA
* Department of Vital Statistics
* Death Certificate
* National Cemetery Administration (NCA) is an authoritative source for the *Date of Death* if the Veteran has received NCA benefits. VBA is an authoritative source if Veteran received monetary benefits.

Rules...

* *Date of Death* must be a precise date (mm/dd/yyyy).
* *Date of Death* cannot be a future date or a date prior to the *Date of Birth*.
* If *Date of Death* is populated, the *Death Notification Source* is required information.

Death Notification Source:

This is defined as the source of the DOD being added. Select from the dropdown.

Rules...

* *Death Notification Source* is required information if the *Date of Death* is populated.

Death Notification Site:

Identifies the name or number of the VAMC facility that updates the record or HEC. Select from the dropdown.

Date of Death Report Date:

The date the DOD is reported or updated (system filled and may be imprecise).

***More...***

ES will use the date received if the source does not supply a date.

required field symbolPreferred Facility:

The facility processing the registrant's application for VA healthcare benefits can designate the VA healthcare site selected by the registrant as the *Preferred Facility*. The *Preferred Facility* can be changed by any site the registrant has visited if the Veteran requests a change.

Select from the dropdown.

This data is shared with VistA.

required field symbolPreferred Language: (Currently Inactive)

This is the Veteran’s preferred language. This field defaults to English, but may be changed.

The user selects the *Preferred Language* from a dropdown list.

required field symbolLanguage Entry Date: (Currently Inactive)

This is the date the Veteran’s *Preferred Language* data was entered. The date can be entered manually or automatically.

More...

* The initial value for the *Language Entry Date* field is blank.
* If no date is entered, the value defaults to the current date upon a successful update.
* If the user selects a value from the *Preferred Language* dropdown list, the *Language Entry Date* field is blank, but can be edited.

Rules...

* The *Language Entry Date* cannot be a future date.
* The *Language Entry Date* can be a date in the past. However,the date cannot be before the Veteran’s date of birth.

Claim Folder Number:

A number is automatically assigned by VBA to each individual's claim for VA benefits.

This data is shared with VistA.

Rules...

* The *Claim Folder Number* is a 7-9 character unique number utilized by the VBA prior to its conversion to use of the *SSN*. The data field will accept either this 7-9 character unique number or the *SSN*. A claim number is established only if the registrant has filed a benefit claim with VBA. If a claim number has not been established, leave this field blank.
* The *SSN* data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field.
* A *Pseudo SSN* is not appropriate for this field.

Claim Folder Location:

The *Claim Folder Location* is the VA regional office or record location where the registrant 's claim folder is filed.

This data is shared with VistA.

Emergency Response:

The *Emergency Response* indicator can be multiple values. Currently, only **Hurricane Katrina** can be selected.

User Enrollee Valid Through:

Individuals who receive or are scheduled to receive healthcare services during a given fiscal year. A registrant who has not been seen in a given fiscal year, but has a future appointment scheduled would be considered a user enrollee, even if the future appointment falls outside the boundary of the current fiscal year. Assignment of user enrollee status will occur at the point of care, when the software detects an encounter, or when an appointment is scheduled.

Field is system filled.

User Enrollee Site:

This is defined as a site that first identifies a user status for a given fiscal year.

Field is system filled.

Appointment Request Date:

This is the date when the *Appointment Request Response* question is answered “Yes”. The system captures the current date the prompt was answered.

A date is shown only if a **“**Yes” responseis displayed in the required *Appointment Request Response* field.

This data is shared with VistA.

required field symbolAppointment Request Response:

Select either “Yes” or “No” from the dropdown.

When selecting “Yes”, the *Appointment Request Date* field will populate with the current date. If answered “No”, the field will remain blank.

This data is shared with VistA.

Rules...

* Appointment Request Response is a required field.

Benefit Applied For:

This is the benefit for which the registrant has applied. Select from the dropdown.

required field symbolMarital Status:

This is marital status of the registrant and is a required field. Select from the dropdown.

This data is shared with VistA.

Religion:

This field is defined as the listed religion for the registrant. Select from the dropdown.

Father’s Last Name:

This field is defined as the father’s last name for the registrant. *Father’s Last Name* is free text and must be between 2 and 40 characters.

Father’s First Name:

This field is defined as the father’s first name for the registrant. *Father’s First Name* is free text and must be between 2 and 40 characters.

Mother’s Last Name:

This field is defined as the mother’s last name for the registrant. *Mother’s Last Name* is free text and must be between 2 and 40 characters.

Mother’s First Name:

This field is defined as the mother’s first name for the registrant. *Mother’s First Name* is free text and must be between 2 and 40 characters.

Employment Status:

*Employment Status* is the current employment status of the individual. Select from the dropdown.

If the *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If the *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

* Employer Name
* Employer Address Group
* Employer Phone Number
* Date of Retirement

Employer Name:

The registrant’s employer’s name is a free text field of 1 – 40 characters.

Occupation:

The registrant’s occupation is a free text field of 1 – 40 characters.

Country:

This is the registrant’s employer’s country location. Select from the dropdown.

***More...***

If any country other than **United States** is selected, ***Zip Code*** and ***State*** fields will not display. Instead, ***Province*** and ***Postal Code*** fields will be displayed.

Address Line 1:

The employer’s address is a free text field of 1 – 35 characters. *Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

The employer’s address is a free text field of 1 – 30 characters. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer’s address is a free text field of 1 – 30 characters. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer’s zip code.

*Zip Code* is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

City:

The employer’s city is a free text field of 1 – 15 characters

State/Province:

**State**: Enter the full state name associated with the employer’s address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Province**: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

*Province* is not a required field.

County/Postal Code:

**County**: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Postal Code**: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

*Postal Code* is not a required field.

Employer Phone Number:

The registrant’s employer’s phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the registrant’s Retirement Date in standard date format (mm/dd/yyyy).

Field is not editable unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* field is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

required field symbol Indicates Required Field

#### Associates

##### Associates

The *Associates* overview screen presents the user with a snapshot of the current associate information available for the beneficiary including *Name*, *Relationship*, *Role*, and *Address* and phone numbers (*Phones*).

User may click on a current *Name* link to update the information for that associate. To add an associate, click on the ***Add Associate*** button.

From this screen the user may also click the View Historical Associates link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times.

##### Add (Update) Associate(s)

The initial *Associates* screen displays any existing associates for the beneficiary. User may click on a current *Name* link to update the information for that associate. If none exist, none will display.

To add associates, click the ***Add Associates*** button.

**Associates Add Associate VIEW HISTORICAL ASSOCIATES**

Name

System displays the *Name* of the associate currently on file for the beneficiary.

User may click on an associate’s name to update.

Relationship

System displays the *Relationship* of the Associate to the beneficiary currently on file. Association *Relationship* is defined as the relationship of that contact person to the beneficiary.

Role

System displays the *Role* of the associate to the beneficiary currently on file. Examples include but are not limited to:

* Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.  
  Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
* Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
* Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.
* *Primary Next of Kin* – This is the closest living blood relative to the beneficiary. (Display only)
* *Other Next of Kin* – This is the next closest living blood relative to the beneficiary. (Display only)
* *Emergency Contact* – This is the beneficiary’s primary contact in case of an emergency. (Display only)
* *Other Emergency Contact* – This is the beneficiary’s secondary contact in case of an emergency. (Display only)
* *Designee* – This is an individual appointed by the beneficiary. (Display only)

Address

System displays the *Address* of the associate currently on file for the beneficiary.

Phones

System displays the *Phone* number(s) of the associate currently on file for the beneficiary.

Add (Update) Associates

Relationship:

Association *Relationship* is defined as the relationship of that contact person to the applicant.

More...

Among acceptable choices are:

* Self - Yourself
* *Spouse* - a marriage partner; a husband or wife
* *Son* - one's male child, a male descendent
* *Daughter* - one's female child, a female descendent
* *Stepson* - a spouse's son by a previous union
* *Stepdaughter* - a spouse's daughter by a previous union
* *Brother* - a male having the same parents as another or one parent in common with another
* *Sister* - a female having the same parents as another or one parent in common with another
* etc.

required field symbolRole:

A logical grouping of permissions that may be allocated to a specific user. Choices are:

* Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.  
  Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
* There can be multiple active *Civil Guardians* assigned to the Associate.
* Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
* There can only be one active *VA Guardian* assigned to the Associate.
* Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.
* There can be multiple active *POAs* assigned to the Associate.
* *Primary Next of Kin* – This is the closest living blood relative to the beneficiary. (Display only)
* *Other Next of Kin* – This is the next closest living blood relative to the beneficiary. (Display only)
* *Emergency Contact* – This is the beneficiary’s primary contact in case of an emergency. (Display only)
* *Other Emergency Contact* – This is the beneficiary’s secondary contact in case of an emergency. (Display only)
* *Designee* – This is an individual appointed by the beneficiary. (Display only)

required field symbolOrganization/Name:

This is the name of the organization designated as either the beneficiary's guardian or POA.

***More...***

Examples are:

* VA Institution name
* Disabled American Veterans
* Paralyzed Veterans of America
* American Legion
* Veterans of Foreign War
* Vietnam Veterans of America
* Military Order of the Purple Heart

Rules...

* *Organization Name* cannot be greater than 35 characters.
* *Organization Name* or *First Name* and *Last Name* are required.

First Name:

Enter the associate's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *First Name* is free text 1-35 characters in length.

Middle Name:

Enter the associate's complete legal middle name.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *Middle Name* is free text 3-35 characters in length.

required field symbolLast Name:

Enter the associate's complete legal last name.

Rules...

* Associate's *Last Name* is a required field.
* Multiple *Last Name* components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 2 and 35 characters in length.

Address Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

More...

*Zip Code* may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

State:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

Phone:

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

(Update) Phone Number Last Update:

This Read-Only field displays the Date/Time the *Phone* field was last updated.

(Update) Deactivation Date:

This is the date on which the Associate's *Role* becomes inactive. If a date already exists, the user may delete it.

This data is shared with VistA.

More...

* A **HEC Notification of VA Guardian Deactivation** bulletin is triggered when a **VA Guardian** *Deactivation Date* is entered. The bulletin is sent to G.DGEN Eligibility Alert @(site).med.va.gov.
* Deactivated *Roles* are kept in History.

Rules…

* The *Deactivation Date* must be precise (mm/dd/yyyy).
* The Deactivation Date must be after the Date of Birth.
* The Deactivation *Date* can be before, after or the same as the *Date of Death*.
* The *Deactivation* *Date* can be in the past, present or future.
* A VA Guardian cannot be added if there is already an active *VA Guardian*. The current *VA Guardian* must be deactivated before adding a new *VA Guardian*.

**required field symbol** Indicates Required Field

#### Associates

##### Associates (Add a Person)

The Add-a-Person *Associates* overview screen presents the user with a snapshot of the current associate information available for the registrant including *Name*, *Relationship*, *Role*, and *Address* and phone numbers (*Phones*).

If none exist, none will display. To add an associate, click on the ***Add Associate*** button.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

Item of special interest symbol**Note:** *Associates* are not required to complete the registration.

From this screen the user may also click the View Historical Associates link to view the history of associate changes made for this patient with "Old" and "New" values for user-selected dates/times.

Item of special interest symbol**Note:** *Role* choices while “Adding a Person” are different than when updating a record for a Veteran already in the enrollment system.

**VA Guardian** and **POA** (Power of Attorney) roles may be added only after the registrant has been added (registered) into the enrollment system.

Roles added through VistA are not editable through ESR.

**Associates** **Add Associate VIEW HISTORICAL ASSOCIATES**

Name

System displays the *Name* of the associate currently on file for the registrant.

If *Name* displays as a link, the user may click on the link to open the *Update Associate* page for editing.

Relationship

System displays the *Relationship* of the Associate to the registrant currently on file. Association *Relationship* is defined as the relationship of that contact person to the registrant.

Role

System displays the *Role* of the associate to the registrant currently on file. Examples include the following:

* Guardian Civil - An individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.  
  Civil indicates relating to the rights of private individuals and legal proceedings concerning these rights as distinguished from criminal, military, or international regulations or proceedings.
* Guardian VA - A VA individual who has been given the legal responsibility to care for a child or adult who is incapable of taking care of themselves due to age or lack of capacity. The appointed individual is often responsible for both the taking care of the ward (the child or incapable adult) and their affairs.
* Power of Attorney - A legal instrument authorizing one to act as another's attorney or agent.

Example roles while “Adding a Person” include the following:

* *Primary Next of Kin* – This is the closest living blood relative to the registrant.
* *Other Next of Kin* – This is the next closest living blood relative to the registrant.
* *Emergency Contact* – This is the registrant’s primary contact in case of an emergency.
* *Other Emergency Contact* – This is the registrant’s secondary contact in case of an emergency.
* *Designee* – This is an individual appointed by the registrant.

Address

System displays the *Address* of the associate currently on file for the registrant.

Phones

System displays the *Phone* number(s) of the associate currently on file for the registrant.

Add Associate

required field symbolRelationship:

Association *Relationship* is defined as the relationship of that contact person to the registrant.

*Relationship* is a required field if ***Other Next of Kin***or***Primary Next of Kin*** roles are selected.

***More...***

Among acceptable choices are:

* Self - Yourself
* *Spouse* - a marriage partner; a husband or wife
* *Son* - one's male child, a male descendent
* *Daughter* - one's female child, a female descendent
* *Stepson* - a spouse's son by a previous union
* *Stepdaughter* - a spouse's daughter by a previous union
* *Brother* - a male having the same parents as another or one parent in common with another
* *Sister* - a female having the same parents as another or one parent in common with another
* etc.
* Relationship is a required field if Role selected is **Other Next of Kin** or **Primary Next of Kin**.
* *Designee* – This is an individual appointed by the registrant.
* *Emergency Contact* – This is the registrant’s primary contact in case of an emergency.
* *Other Next of Kin* – This is the next closest living blood relative to the registrant.
* *Other Emergency Contact* – This is the registrant’s secondary contact in case of an emergency.

Rules...

required field symbolRole:

A logical grouping of permissions that may be allocated to a specific user. Choices are:

* *Primary Next of Kin* – This is the closest living blood relative to the registrant.

Organization/Name:

This is the name of the organization designated as the registrant's designee, emergency contact, or NOK.

More...

Examples are:

* VA Institution name
* Disabled American Veterans
* Paralyzed Veterans of America
* American Legion
* Veterans of Foreign War
* Vietnam Veterans of America
* Military Order of the Purple Heart

Rules...

* *Organization Name* cannot be greater than 35 characters.

required field symbolFirst Name:

Enter the associate’s complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Associate’s *First Name* is a required field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *First Name* is free text 1-35 characters in length.

Middle Name:

Enter the associate’s complete legal middle name.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* *Middle Name* is free text 3-35 characters in length.

required field symbolLast Name:

Enter the associate’s complete legal last name.

Rules...

* Associate’s *Last Name* is a required field.
* Multiple *Last Name* components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal names may be entered with the Mother's maiden name first, a hyphen, and the Father's last name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 2 and 35 characters in length.

required field symbolAddress Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Rules...

* Associate's full address or ***Phone*** is a required field.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

required field symbolZip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

***More...***

*Zip Code* may also be used to identify city/state/county associated with an address.

required field symbolCity:

Enter the name of the *City* used for the address.

required field symbolState:

Enter the full *State* name associated with the address.

County:

Enter the *County* in which the associate lives.

required field symbolPhone:

Enter the associate's phone number starting with area code first in the following format (XXX) XXX-XXXX.

Rules...

* Associate's full address or ***Phone*** is a required field.

**required field symbol** Indicates Required Field

#### Addresses

Item of special interest symbolThe Add-a-Person *Addresses* screen is the same as the current *Addresses* screen, but a permanent address is required to complete the application.

In this *Addresses* section while registering a person (Add a Person), all references to *associates* and/or *beneficiaries* should be referred to a *registrants*.

**Permanent Mailing Address VIEW HISTORICAL ADDRESSES**

required field symbolCountry:

Select the country from the dropdown for the primary residence in which the associate (registrant) lives.

required field symbolAddress Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Rules...

* *Address Line 1* must be 3 – 35 characters.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Rules...

* *Address Line 2* must be 3 – 30 characters.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

Rules...

* *Address Line 3* must be 3 – 30 characters.

required field symbolZip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

More...

*Zip Code* may also be used to identify city/state/county associated with an address.

Item of special interest symbolWhen a valid zip code is entered, the system populates the City, State, and County fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected.

If the City and/or State does not match up with a valid Zip Code, an error message displays. Check to make sure your data is correct.

Rules...

* Either 5 or 9-digit code may be used.

required field symbolCity:

Enter the name of the city used for the address.

Rules...

* *City* must be 2 to 15 characters in length.

required field symbolState/Province:

**State**: Enter the full state name associated with the address (required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Province**: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

*Province* is not a required field.

County/Postal Code:

**County**: Enter the county in which the associate (registrant) lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Postal Code**: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

*Postal Code* is not a required field.

Bad Address Reason:

The *Bad Address Reason* is a method to designate the permanent address as invalid or incorrect. There are three choices for the BAD ADDRESS INDICATOR.

item of special interest symbolAddress Not Found will be available only if a Bad Address Reason of ADDRESS NOT FOUND is in the database for the given address.

(NULL) value indicates the beneficiary's address is assumed to be good.

The Bad Address Reasons are:

* Homeless - indicates that a beneficiary (registrant) has no known address.
* Other - indicates that an address is not Undeliverable or Homeless, but that it is not being shared with other sites or used for mailing.
* Undeliverable - indicates a piece of mail was sent and returned with no forwarding address. It would also be entered if it was known that mail cannot be delivered to that address.

Rules...

* *Bad Address Reason* is only associated with the permanent address.

Source of Change:

*Source of Change* is defined as a list of acceptable sources that may change a beneficiary's (registrant’s) address. Select from the dropdown.

Site of Change:

This is the identity of the particular site that made the address change. Select from the dropdown.

Rules...

* *Site of Change* is not editable unless the *Source of Change* is **VAMC**.

Last Update:

This identifies the date and time the record was last updated. This field is system filled.

(Add) Phone Numbers

Phone Type

This identifies the type of phone number. Select from the dropdown.

Rules...

* *Phone Type* is required if a *Phone Number* is entered.

Phone Number

*Phone Number* is defined as the numeric telephone number for the specific phone type.

Format: (XXX) XXX-XXXX xXXXX

Rules...

* The *Phone Number* must be between 0 and 20 characters.

Source of Change

*Source of Change* is a list of acceptable sources that may change a beneficiary's (registrant’s) phone number. Select from the dropdown.

Site of Change

This is the identity of the particular site that made the phone number change. Not applicable unless *Source of Change* is **VAMC**.

Last Update

This identifies the date and time the phone record was last updated. This field is system filled.

(Add) Email Addresses

Email Type

This identifies the type of email address. Choices are:

* Business
* Private

Email Address

Enter the actual email address in the format:

* myemail@providername.com

Rules...

* *Email Address* must be between 0 and 80 characters.

Source of Change

*Source of Change* is a list of acceptable sources that may change a beneficiary's (registrant’s) email address. Select from the dropdown.

Site of Change

This is the identity of the particular site that made the email address change. Not applicable unless *Source of Chang*e is **VAMC**.

Last Update

This identifies the date and time the email record was last updated. This field is system filled.

**Other Addresses** (other addresses associated with the Veteran)

Confidential Address

It is VA's policy that all beneficiaries have a right to receive written communication or correspondence pertaining to health information in a confidential manner by alternative means or at an alternative location other than the beneficiary's (registrant’s) *Permanent Address* of record. Once the beneficiary (registrant) requests this service, all future correspondence and communication will be sent to the alternative (Confidential) address. In addition, the beneficiary (registrant) must specify a start date for use of the *Confidential Address* and may also request a date when the use of this address should end.

The veteran also has the ability to specify to what types of communications the *Confidential Address* should apply. The current communication types are:

* For Eligibility/Enrollment;
* For Appointment/Scheduling;
* For Copayments/Veteran Billing;
* For Medical;
* For All Others.

The Confidential Phone Number data is shared with VistA.

*Confidential* and *Temporary Addresses* are not editable.

Temporary Address

This is a beneficiary's (registrant’s) address that is to be used for a limited time. It must have a *Start Date* and may or may not have an *End Date*.

*Confidential* and *Temporary Addresses* are not editable.

**required field symbol** Indicates Required Field

#### Insurance

##### Insurance

The Insurance overview screen presents the user with a snapshot of the current insurance information available for the beneficiary including information at other facilities.

**Insurance - Facilities** - This displays all the facilities with insurance information on file. Click on a facility to view the insurance information on file for the beneficiary. The user cannot edit this information.

**Insurance - HEC** - This displays the current insurance information on file with the HEC.

User can either click on a current insurance company name to update that information or click the ***Add Private Insurance*** button to add private insurance information. User can also click the ***Add Medicare*** button to add Medicare information or on the Medicare link to edit the current Medicare information.

##### Add/Update Insurance Carrier

required field symbolInsurance Company Name:

This is the name of the insurance company.

***More...***

*Insurance Company Name* is a required field and can be a multiple.

This data is shared with VistA.

Rules...

* *Insurance Company Name* must be between 3 and 30 characters.
* *Insurance Company Name* is a required field.

Type of Plan:

*Type of Plan* is the type of insurance that the insurance company is generally associated with. Select from the dropdown.

*Type of Plan* is not a required field.

This data is shared with VistA.

Policy Number:

*Policy Number* (Subscriber ID) is defined as the insured's unique identification number assigned by the payer organization for this policy. If this insurance is an individual policy, the policy # will be stored in this field.

This data is shared with VistA.

Group Name:

*Group Name* is the name that the insurance company uses to identify this plan.

This data is shared with VistA.

Rules...

* *Group Name* is not a required field.
* *Group Name* must be between 2 and 20 characters.

Group Number:

*Group Number* is the number or code, which the insurance company uses to identify this plan.

This data is shared with VistA.

Rules...

* *Group Number* is not a required field.
* *Group Number* must be between 2 and 17 characters.

Name of Insured:

*Name of Insured* is the name of the individual for which this policy was issued. If the Patient's Relationship to the Insured is 'Patient', then this name will default to the patient's name.

This data is shared with VistA.

Rules...

* *Name of Insured* is not a required field.
* *Name of Insured* cannot be greater than 35 characters.

required field symbolInsured's Relationship to Veteran:

*Insured's Relationship to Veteran* is defined as what best describes the beneficiary's relationship to the person who holds this policy (or insured). Choose from the dropdown.

This data is shared with VistA.

Rules...

* Insured's Relationship to Veteran is a required field.

Effective Date/Coverage:

*Effective Date/Coverage* is the date this policy went into effect for this beneficiary.

This data is shared with VistA.

Rules...

* *Effective Date/Coverage* can be an imprecise date and can be a future date. However, it cannot be before the DOB or after the DOD.
* If the year is omitted, the system uses the CURRENT YEAR.
* *Effective Date/Coverage* is not required when *Insurance Company Name* is **Private**.

Plan Expiration Date:

*Plan Expiration Date* is the date this insurance policy coverage expires for this beneficiary. If the user enters only a month/day or month only and omits the year, the system defaults to the CURRENT YEAR. If no partial date is entered, the field remains null.

This data is shared with VistA.

Rules...

* *Plan Expiration Date* can be an imprecise date and can be a future date. This date must be after the effective date.
* *Plan Expiration Date* is required when *Insurance Company Name* is **Private**.

Pre-Cert Required:

*Pre-certification Required* is an indicator for the need to get pre-certification.

More...

Acceptable choices are:

* Yes
* No

Pre-certification Required is not a required field.

This data is shared with VistA.

Address Line 1:

Address Line 1 is the number and street or post office box of a mailing address.

This data is shared with VistA.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Rules...

* *Address Line 1* must be 3-35 characters.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

This data is shared with VistA.

Rules...

* *Address Line 2* must be 3-30 characters.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

This data is shared with VistA.

Rules...

* *Address Line 3* must be 3-30 characters.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

More...

*Zip Code* may also be used to identify city/state/county associated with an address.

This data is shared with VistA.

City:

Enter the name of the *City* used for the address.

This data is shared with VistA.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Rules...

* *City* must be equal to 2 characters and not greater than 15 characters.

State:

Enter the full *State* name associated with the address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

This data is shared with VistA.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the *County* in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

This data is shared with VistA.

Pre-Certification Phone:

This is the insurance carrier's numeric pre-certification phone number.

This data is shared with VistA.

***More...***

This would be the number to call for pre-authorizations for certain medical treatments or medications.

Carrier Phone:

This is the insurance carrier's numeric phone number.

This data is shared with VistA.

Format: (XXX)XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

*Source of Last Update* date is the entity responsible for the last update. Select from the dropdown.

required field symbol Indicates Required Field

##### Add/Update Insurance Carrier - Medicare

When a user chooses to enter Medicare Part A, the system automatically populates the following fields:

* *Insurance Company Name* is set to **Medicare**
* *Group Name* is set to **Part A**
* *Group Number* is set to **Part A**

When a user chooses to enter Medicare Part B, the system automatically populates the following fields:

* *Group Name* is set to **Part B**
* *Group Number* is set to **Part B**

Update Insurance Carrier - Medicare

Insurance Company Name:

This is the name of the insurance company. Defaults to **Medicare**.

Type of Medicare:

Indicate the *Type of Medicare* being updated. Choices are:

* Type A This is hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
* Type A & B This is Medicare medical insurance that helps pay for doctors, services, outpatient hospital care, durable medical equipment, and some medical services that aren't covered by Part A.

System defaults to **Part A**, but can be changed to **Part A & B**.

Medicare Part A

required field symbolMedicare Claim Number:

This is the Medicare number assigned to the claim.

Rules...

* *Medicare Claim Number* is a required field.
* *Medicare Claim Number* cannot be greater than 25 characters.

required field symbolName on Medicare Card:

This is the Name exactly as it appears on the Medicare card.

Rules...

* *Name On Medicare Card* cannot be greater than 35 characters.
* *Name On Medicare Card* is a required field.

Group Name:

*Group Name* is the name that the insurance company uses to identify this plan. Defaults to **Type A**.

Group Number:

*Group Number* is the number or code, which the insurance company uses to identify this plan. Defaults to **Type A**.

Part A Effective Date:

The *Part A Effective Date* is the date *Medicare Part A* went into effect for this beneficiary.

Rules:

* Cannot be before DOB
* Cannot be after DOD
* If date populated, part A indicator must be **Yes**.

Address Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

***More...***

*Zip Code* may also be used to identify city/state/county associated with an address.

City:

Enter the name of the City used for the address.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full *State* name associated with the address.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

County:

Enter the *County* in which the insurance carrier does business.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

Carrier Phone:

This is the insurance carrier's numeric phone number.

Format: (XXX) XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX) XXX-XXXX

Source of Last Update:

*Source of Last Update* date is the entity responsible for the last update. Select from the dropdown.

Medicare Part B

required field symbolMedicare Claim Number:

This is the Medicare number assigned to the claim.

Rules...

* *Medicare Claim Number* is not a required field.
* Format is free text up to 25 characters.

required field symbolName on Medicare Card:

This is the Name exactly as it appears on the Medicare card.

Rules...

* Format is free text up to 35 characters.
* *Name On Medicare Card* is a required field.

Group Name:

*Group Name* is the name that the insurance company uses to identify this plan. Defaults to **Part B**.

Group Number:

*Group Number* is the number or code, which the insurance company uses to identify this plan. Defaults to **Part B**.

Part B Effective Date:

The *Part B Effective Date* is the date Medicare Part B went into effect for this beneficiary.

Rules...

* Cannot be before DOB
* Cannot be after DOD
* If date populated, part B indicator must be **Yes**.
* *Medicare Part A Effective Date* is required before *Medicare Part B Effective Date* can be entered.

Address Line 1:

*Address Line 1* is the number and street or post office box of a mailing address.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

***More...***

*Zip Code* may also be used to identify city/state/county associated with an address.

City:

Enter the name of the *City* used for the address.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

State:

Enter the full *State* name associated with the address.

Item of special interest symbolInsurance Company Address Line 1, City, State and Zip Code is required in order to transmit the Insurance update to the sites. The HL7 message will not be sent until the required address information has been collected.

County:

Enter the *County* in which the insurance carrier does business.

Carrier Phone:

This is the insurance carrier's numeric phone number.

Format: (XXX)XXX-XXXX

Carrier Fax:

This is the insurance carrier's numeric fax number.

Format: (XXX)XXX-XXXX

Source of Last Update:

*Source of Last Update* date is the entity responsible for the last update. Select from the dropdown.

**required field symbol** Indicates Required Field

### Military Service

#### Current Military Service

From this screen the user can add or modify Military Service information and View Historical Military Service information. Users can also delete one or more HEC Military Service Episodes (MSE) as a group of data. If the user deletes a HEC-entered MSE, the system will automatically delete any HEC-entered Combat Episodes and/or OEF/OIF Combat Episodes (OEF/OIF Source is CEV) that fall(s) within the MSE being deleted.

The user can delete one or more HEC Combat Episodes as a group of data. Do so by clicking the DELETE button within the Combat Episodes - HEC area of the screen.

The user can delete one or more OEF/OIF Combat Episodes as a group of data. Do so by clicking the DELETE button within the OEF/OIF Combat Episodes - HEC area of the screen. The OEF/OIF Source can be any value.

Before deleting any Military Service information, the system will ask for confirmation from the user. The deleted Military Service information will become part of the record after the UPDATE button is clicked. A history of deleted Military Service information will be maintained by the system.

The system displays the Military Service information by the site that sent it and HEC as a site that enters/edits it. Click the right arrow symbol arrow or the site name to expand the military information. Click it again to collapse.

**Send Query to MSDS Broker**

The key objective of the Military Service Data Sharing (MSDS) Broker is to provide the ES with authoritative data consisting of the best Military Service Episodes (MSE) data for the Veteran.

Click the ***Send Query to MSDS Broker*** button to send a request to the MSDS Broker to obtain updated Military Service information.

Current Military Service View Historical Military Service

Discharge Due to Disability:

*Discharge Due to Disability* is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from military for a disability incurred or aggravated in the line of duty and confirmed using the DD-214,VBA files (VIS, SHARE, or Rating Letter), or other authoritative source.

* Yes
* No
* Unknown

This data is shared with VistA.

***More...***

Receipt of Disability Severance Pay or clear statement indicating the individual was discharged due to a disability are confirmations needed to indicate **Yes** in this field. Veterans may be listed as *SC* only if the determination has been made by the VA Regional Office.

Military Disability Retirement:

*Military Disability Retirement* is an indicator that is collected on the 10-10EZ form to reflect that the Veteran has been discharged from the military for a disability incurred or aggravated in the line of duty and is receiving disability retirement from a branch of the U.S. Armed Forces. Confirmation using the DD-214 or other discharge documentation or information from VBA files (VIS, SHARE, or Rating Letter) is required.

Is the patient receiving disability retirement from the U.S. Armed Forces due to a disability incurred while serving?

* Yes - If Primary Eligibility Code is NSC, the system will not allow saving the record with Military Disability Retirement set to **YES**.  
    
  - Military Disability Retirement cannot be **YES** unless the SC% is 10% or greater.
* No
* Unknown

This data is shared with VistA.

Rules...

* Veterans may be listed as SC only if the determination has been made by the VA Regional Office.

Agent Orange Exposure Location:

*Agent Orange Exposure Location* is the location where a Veteran was exposed to Agent Orange.

* Not Exposed
* Korean DMZ
* Other
* Vietnam

More...

Veterans exposed to AO outside a Vietnam MSE are eligible for an AO examination but no AO indicator will be applied.

Radiation Exposure Method:

*Radiation Exposure Method* is the means by which this Veteran was exposed to ionizing radiation.

* Not Exposed
* Nagasaki/Hiroshima - if the Veteran was exposed to ionizing radiation as a POW or while serving in Hiroshima and/or Nagasaki, Japan from August 6, 1945 through July 1, 1946
* Atmospheric Nuclear Testing - if exposure occurred at an atmospheric nuclear device test site (e.g. the Pacific Islands, NM or NV)
* H/N and Atmospheric Testing - if exposure occurred as a POW in Hiroshima or Nagasaki AND at an atmospheric nuclear device test site
* Underground Nuclear Testing - if exposure occurred while at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK prior to January 1, 1974
* Exposure at Nuclear Facility - if exposure occurred while at Department of Energy plants at Paducah, KY, Portsmouth, OH or the K25 area at Oak Ridge, TN for at least 250 days before February 1, 1992
* Other

This data is shared with VistA.

Item of special interest symbolIf the Veteran cannot provide documentation confirming Radiation Exposure, confirmation must be obtained by HEC staff through the Defense Threat Reduction Agency (DTRA).

Sites must provide completed Ionizing Radiation Verification form request to HEC.

SW Asia Conditions:

*SW Asia Conditions* indicates if the Veteran needs care for conditions potentially related to service in SW Asia during the Gulf War. This does not apply to Veterans who served in the SW Asia Theater 11-11-1998 or later.

SW Asia theater of operations

SW Asia theater of operations is defined as:  Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Verify service dates via DD-214, VIS, SHARE or other authoritative source.

* Yes - Answer **Yes** if Veteran served in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.
* No - Answer **No** if the Veteran did not serve in the SW Asia theater of operations during the Persian Gulf War during the period August 2, 1990 to November 11, 1998.

This data is shared with VistA.

Rules...

* If SW *Asia Conditions* is answered **Yes**, *Combat Location* of **Persian Gulf War** is required.

down arrow symbolMedal Of Honor Indicator:

The *Medal Of Honor Indicator* specifies whether the Veteran received a Medal Of Honor (MOH) during his/her time of service. This field is now editable.

When the *Medal Of Honor Indicator* is set to **Yes**, additional fields are displayed, some of which require entry.

***More...***

All MOH data is kept in history and may be viewed by clicking the View Historical Military Service link.

required field symbolDocument Type:

Enter the *Document Type* which verifies the MOH. Select from the dropdown. The *Document Type* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Rules...

* The MOH *Document Type* is a required field.

Document Receipt Date:

The *Document Receipt Date* is the date the document was received by the HEC and entered by the user. The *Document Receipt Date* defaults to the system date but can be changed. The *Document Receipt Date* field is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Rules...

* The MOH *Document Receipt Date* cannot be a future date.
* The MOH *Document Receipt Date* must be a precise date.

required field symbolSource of Change:

The *Source of Change* is the source of the MOH indicator. The *Source of Change* is only displayed if the *Medal Of Honor Indicator* is **Yes**.

Item of special interest symbolValid displayed values also include “WebHINQ” and “VADIR” if the MOH information was populated from the MSDS Broker.

Rules...

* When entered by the user, the *Source of Change* must be either “VBA” or “Other”.
* The MOH *Source of Change* is a required field.

Decoration Status:

The *Decoration Status* indicates if the MOH has been verified by the user. The *Decoration Status* is set to *Confirmed* when the *Medal Of Honor Indicator* is changed from **No** to **Yes** and the record is updated.

Status Update Date:

The *Status Update Date* is the date on which any of the MOH fields was updated by the user. The *Status Update Date* defaults to the system date. The *Status Update Date* is only displayed if the *Medal Of Honor Indicator* is **Yes**.

The *Status Update Date* is display only.

SHAD:

*SHAD/Project 112* stands for Shipboard Hazard and Defense. Choices are:

* Yes
* No

This data is shared with VistA.

***More...***

Based upon eligibility factors these Veterans are to receive the needed hospital care, medical services and nursing home care at no cost for any illness possibly related to their participation. However, the Veteran may be charged a co-payment for care of conditions found to have resulted from a cause other than their participation in SHAD/Project 112 tests.

Facility staff can obtain access to a secure server, which contains a listing of Veterans who participated in SHAD/Project 112 by going to the VA Intranet ***Project 112 (Including Project SHAD)*** web site.

Camp Lejeune Eligibility:

* Yes - If the Veteran is *Camp Lejeune* eligible.
* No - If the Veteran is not *Camp Lejeune* eligible.

***More***...

*Camp Lejeune Eligibility* indicates whether the registrant served at the U.S. Marine Corps Base Camp Lejeune (CL), NC for no less than one or more periods of time that equal to at least 30 days between the dates August 1, 1953 to December 31, 1987. The periods of service do not have to be served consecutively. The Veteran must also have a character of discharge other than one of the following:

* Dishonorable
* Other than Honorable
* Undesirable
* Bad Conduct
* Dishonorable-VA

item of special interest symbol When certain Camp Lejeune eligibility (CLE) rules are met, the CLE indicator allows the user to manually select a *Camp Lejeune Eligibility* value. Otherwise, the field is disabled.

This data is shared with VistA.

Verified Methods:

item of special interest symbol *Verified Methods* and the CL fields that follow display only if the *Camp Lejeune Eligibility* indicator is *Yes*.

More...

This field presents a list of values from which the user may select one or more methods indicating the manner used to collect proof of Camp Lejeune residency.

These values may come from other sources.

Rules...

* Once any Camp Lejeune Verified Method has been selected, at least one must remain selected.

Comments:

The free text 200-character *Comments* field is enabled and required if a Verified Method of **OTHER** is selected.

CL Date Registered: (Edit/Update Mode)

The *CL Date Registered* field displays the initial date on which the Veteran first claimed Camp Lejeune Eligibility.

More...

When an ES user registers a Veteran, the system populates the *CL Date Registered* field value to the current system date if the *Camp Lejeune Eligibility* indicator is set to *Yes*.

This field may also be populated through an upload of a CLEAR extract. See Acronyms and Abbreviations.

This field is editable.

CL Eligibility Change Site: (Edit/Update Mode)

The *CL Eligibility Change Site* field displays the point-of-entry site that last changed the on file Camp Lejeune record.

This system-filled field is display only.

More...

Valid values include…

* <VAMC Site> (if changed by a VistA VA facility)
* HEC (if changed by the ES)

CL Eligibility Source of Change: (Edit/Update Mode)

The *CL Eligibility Source of Change* field displays the source that last made a change to the on-file Camp Lejeune record.

More...

Valid values include…

* <ES User Name> (edited by ES user)
* VAMC (when the record is created from VistA VAMC received updates)
* CEV (modified by ES in an automated way {e.g. through a response from MSDS which triggered a change to MSE data and in turn, a change to the Camp Lejeune record})
* VOA (when the record is modified from a VOA submission)
* CLEAR (record is modified as a result of processing a CLEAR extract file)
* DoD (for future use)
* Other (for future use)

This system-filled field is display only.

Filipino Veteran Proof:

Filipino Veterans must reside in the US and be US Citizens or lawfully admitted for permanent residence. Receipt of VA compensation at the full-dollar rate is considered proof of meeting the citizenship requirements. Otherwise, Veteran must provide documentation in order to establish proof of US citizenship, or lawful admittance for permanent US residency.

Choose from the dropdown listing.

Rules...

Filipino Veteran Proof of military service is required information for these Branches of Service:

* Regular (Old) Filipino Scout
* Regular Filipino Scout Service combined with Special (New) Filipino Scout or Commonwealth Army Service
* Guerilla and Combination Service
* Commonwealth Army
* Special (New) Filipino Scout

Item of special interest symbolThe system will automatically delete the *Filipino Veteran Proof* when the last HEC-entered MSE that has a *Branch of Service* of **F. Commonwealth** or **F. Guerilla** or **F. Scouts New** is deleted.

More...

The primary source of verification of qualifying military service is VBA files (HINQ, VBA, SHARE). Otherwise, Veteran must provide a copy of their DD-214 or other authoritative documentation from the U.S. Army or Department of Defense. If documentation is questionable, coordination with the VARO in the Philippines is required.

Combat Veteran Eligibility End Date:

The date the Veterans’ combat Veteran eligibility ended.

This data is shared with VistA.

More...

On January 28, 2008, The National Defense Authorization Act (NDAA) of 2008 was signed by President Bush. This Act extends the period of enhanced healthcare eligibility provided a Veteran who served in a theater of combat operations on or after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans) as follows:

* Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.
* Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

The system determines if the Veteran is Combat Veteran eligible using the following criteria and then automatically sets the *Combat Veteran Eligibility End Date* based on the criteria defined by the NDAA of 2008.

(IF *Service Separation Date* (SSD) is precise AND greater than or equal to 11/11/98, **AND**

The *Combat End Date* is greater than 11/11/98 and the *Combat Location* is **Yugoslavia** OR **Somalia** OR **Gulf War** OR **Persian Gulf War** OR **Other**

* **OR** the *OEF Start Date* is precise and on or after 9/01/2001 **AND**the *End Date* is precise **AND** greater than or equal to 09/11/2001
* **OR** the *OIF Start Date* is precise and on or after 3/01/2003 **AND**the *OIF End Date* is precise **AND** is greater than or equal to 03/19/2003
* **OR** the *OEF/OIF UNK* *Start Date* is on or after 9/1/01 **AND**the *OEF/OIF UNK End Date* is precise **AND** is greater than or equal to 09/11/2001
* **OR** the *CONFLICT UNSPECIFIED* *Start Date* is on or after 11/1/1998 **AND**the *CONFLICT UNSPECIFIED End Date* is precise **AND** is greater than 11/11/1998

**THEN**

The Veteran is considered CV Eligible.

***OEF/OIF***

OEF/OIF data is used for calculating *CV End Date* when possible.

If HEC receives OEF/OIF or VIS unspecified episodes for which there are no corresponding *Military Service Episode*, HEC calculates a proxy *CV End Date* based on the *Combat End Date*.

**For example:**

HEC receives from VHA Support Service Center (VSSC) -- that Veteran has OIF dates of 1/1/04 through 12/31/04 and last *Service Separation Date* of 1/1/2002. HEC calculates *CV End Date* based on 12/31/04 (OIF END DATE) and sends an Unsupported CV End Date Bulletin (future release) to the VistA sites of record advising them of the need to capture the missing MSE data. Once the updated MSE data is added on VistA, this automatically updates the *CV End Date* using the last *Service Separation Date*.

Eligible for Class II Dental:

This field indicates (**Yes** or **No**) if a Veteran is eligible for treatment as reasonably necessary for the one-time correction of the non-compensable, service-connected dental disability [Class II]. **Yes** indicates that the Veteran’s DD-214 or VBA Files indicate the Veteran was not provided a complete dental examination and all appropriate dental treatment within the 90-day period immediately before discharge or release. This means the Veteran is eligible for a complete dental examination and all appropriate dental treatment.

A **No** means that the Veteran is not eligible for dental services.

This non-required field is system-filled and can be **Yes**, **No**, or null.

***More...***

The user may edit the field and change a **Yes** to a **No** or a **No** to a **Yes**, but is not required to.

If the user changes a **Yes** to a **No**, the system deletes the *Class II Dental Application Due Before* date and the field is collapsed.

If the user changes a **No** to a **Yes**, the *Class II Dental Application Due Before* field appears and the system calculates the date using the most recent date of Military Service Separation plus 180 days.

Class II Dental Application Due Before:

This date is calculated in the ES based on the most recent date of Military Service Separation plus 180 days. The date should be precise.

This date is not directly updatable by the user.

***More...***

If the date cannot be calculated for any reason, the calculation results in a valid null date and a Work Item, *‘Unsupported Dental Application Due Date’*, is created.

If the *Eligible for Class II Dental* indicator is **No**, the *Class II Dental Application Due Before* field is not visible.

**Add OEF/OIF Combat Episode** (multiple *OEF/OIF Combat Episodes* may be added by multiple clicks of the ***Add OEF/OIF Combat Episode*** button)

To enter OEF/OIF combat dates, there must be at least one MSE. Clicking the ***DELETE*** button will delete the particular group of Military Service information as a group of data.

**[DELETE]**

required field symbolCombat Location:

Select the OEF/OIF *Combat Location* from the dropdown.

Rules...

* The *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.

required field symbolCombat Start Date:

Enter the *Combat Start Date*.

Rules...

* The combat episode *Combat Start Date* for *Combat Location* **OEF** or **Unknown OEF/OIF** must be on or after 09/01/2001.
* The combat episode *Combat Start Date* for *Combat Location* **Conflict Unspecified** must be on or after 11/01/1998.
* The combat episode *Combat Start Date* for *Combat Location* **OIF** must be on or after 03/01/2003.
* The *Combat Start Date* or *Combat End Date*s must fall within a single Military Service Episode.
* The *Combat Start Date* must be a precise date.
* The *Combat Start Date* must be prior or equal to the *Date of Death*.
* The *Combat Start Date* cannot be a future date.

required field symbolCombat End Date:

Enter the *Combat End Date*.

Rules...

* The combat episode *Combat End Date* for *Combat Location* **OEF** or **Unknown OEF/OIF** must be on or after 9/11/2001.
* The combat episode *Combat End Date* for *Combat Location* **Conflict Unspecified** must be on or after 11/11/1998.
* The combat episode *Combat End Date* for *Combat Location* **OIF** must be on or after 3/19/2003.
* The *Combat End Date* must be a precise date.
* The *Combat End Date* must be prior or equal to the *Date of Death*.
* The *Combat End Date* cannot be a future date.

Combat Pay Type:

Select a *Combat Pay Type* from the dropdown. This field is not required.

OEF/OIF Source:

When *Combat Locations* of **OEF**, **OIF**, **Unknown OEF/OIF**, or **Combat Unspecified** are entered, the system defaults the *OEF/OIF Source* to **CEV** and cannot be changed.

**Combat Service Locations - Placeholder** -to be displayed only if/when data values are available

Combat Service Location:

Display Only

Combat Pay Start Date:

Display Only

Combat Pay End Date:

Display Only

Combat Service Source:

Display Only

**Add Military Service Episode – HEC** (multiple *Military Service Episodes* may be added by multiple clicks of the ***Add Military Service Episode*** button)

Military Service Episode (MSE) consists of the Service Entry Date, Service Separation Date, Service Component (not required), Service Discharge Type, Branch of Service and Military Service Number (not required). The MSE dates cannot overlap. All MSE dates must be precise.

Item of special interest symbolIf adding (registering) a new person, a *HEC - Military Service Episode* is required to complete the registration.

**[DELETE]**

Military Service Number:

A service number that is assigned during the Veteran's episodes of military service.

If the military service number is the same as the Veteran's social security number, click the button titled "Same As SSN" to enter.

More...

Confirm using the DD-214, VBA Files (VIS, SHARE or Rating Letter), or other authoritative source.

Rules...

* *Military Service Number* must be between 1 and 15 characters.

required field symbolBranch of Service:

A service organization that a Veteran served in during his/her episodes of military service.

Choose from the dropdown listing.

Rules...

* *Branch of Service* selections of F. Commonwealth, F. Guerilla F. Scout New, F Scout Old require *Service End Date* and *Service Start Date* that fall within the World War II Period.
* *Filipino Veteran Proof* of US Citizenship is required if the Veteran *Branch of Service* is any of the following:

F. Commonwealth

F. Guerilla

F. Scouts New

* *Branch of Service* is a required entry for each Military Service Episode.

required field symbolService Entry Date:

The date a Veteran commenced his/her episodes of military service.

* Rules...
* Military Service Episode Dates must be precise.
* The *Service Entry Date* must be greater than or equal to the Veteran's birth date + 15 years.
* *Service Entry Date* must be prior or equal to the *Date of Death*.
* The *Service Entry Date* must be prior or equal to the *Service Separation Date* for the Military Service Episode.
* *Service Entry Date* cannot be a future date.
* Format: (mm/dd/yyyy)

required field symbolService Separation Date:

The date a Veteran ended his/her episodes of military service.

Rules...

* Military Service Episode dates must be precise.
* *Service Separation Date* must be later than or equal to the *Service Entry Date*.
* *Service Separation Date* must be prior or equal to the *Date of Death*.
* *Service Separation Date* cannot be a future date.
* Format: (mm/dd/yyyy)

Service Component:

*Service Component* is the major component of the Armed Services.

Rules...

* This is not a required field. However, if entered, certain *Branch*(es) *of Service* are required for various choices of *Service Component*.
* If *Branch of Service* is deleted, the system will delete the *Service Component*, if present.

required field symbolDischarge Type:

This is the type is discharge type the Veteran received when released from military duty.

Choices are:

* Bad Conduct

One receives a bad conduct discharge (BCD) when separated from the service under conditions other than honorable. A bad conduct discharge is given only by an approved sentence of a general or a special court-martial.

Item of special interest symbolAdministrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

* Dishonorable

One receives a dishonorable discharge (DD) when separated from the service under dishonorable conditions. A dishonorable discharge is given only by a general court-martial and as appropriate for serious offenses calling for dishonorable separation as part of the punishment.

Item of special interest symbolNot eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

* Dishonorable-VA

Dishonorable for VA purposes means that for the VBA, there is another reason or circumstance that the VBA has determined that makes the Veteran “Dishonorable” for VA purposes (*Dishonorable-VA*).

Item of special interest symbolNot eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

* General

One receives a general discharge when separated from the service under honorable conditions, without a sufficiently meritorious military record to deserve an honorable discharge.

* Honorable

To receive an honorable discharge, one must have received a rating from good to excellent for their military service. Even though only qualifying for a general discharge, the individual may receive an honorable discharge under two circumstances:

* when being separated because of a disability incurred in the line of duty, or
* if any awards for gallantry in action, heroism, or other meritorious service were received.
* Honorable-VA

Honorable for VA purposes means that for the VBA, even though their DD-214 says “General” or “Other Than Honorable”, there is another reason or circumstance that the VBA has determined that makes the Veteran “Honorable” for VA purposes (*Honorable-VA*).

* Other Than Honorable

An other than honorable discharge is given for misconduct or security reasons.

Item of special interest symbolAdministrative Decision from the VARO is required to determine eligibility for enrollment in the VA Health Care program if time in service requirement is met. If determined ineligible and SC conditions exist, treat for SC conditions only.

* Undesirable

An undesirable discharge is the equivalent of a dishonorable discharge without the felony conviction.

Unfitness is a common reason for receiving an undesirable discharge.

Item of special interest symbolNot eligible for enrollment in the VA Health Care Program. If SC conditions exist, may be treated for SC conditions only.

Rules...

* Service *Discharge Type* is required information for all Military Service Episodes.

**Add Combat Episode – HEC** (multiple *Combat Episodes* may be added by multiple clicks of the ***Add Combat Episode*** button)

To enter combat dates, there must be at least one MSE. All combat dates must be precise.

**[DELETE]**

required field symbolCombat Location:

The combat location where a Veteran served. Please select from the dropdown.

required field symbolCombat Start Date:

The actual date the Veteran's combat service originated.

Rules...

* The *Combat Start Date* or *End Date* must fall within a single MSE.
* *Combat Start Date* must be greater than or equal to the official start date of the selected *Combat Location*.
* The *Combat End Date* must be later than or equal to the *Combat Start Date*.
* *Combat Start Date* must be prior to or equal to the *Date of Death*.
* *Combat Start Date* cannot be a future date.
* *Combat Location* dates cannot overlap.
* *Combat Start Date* must be a precise date.
* Format: (mm/dd/yyyy)

required field symbolCombat End Date:

The actual date that the Veteran's combat service ended.

Rules...

* The *Combat End Date* must be later than or equal to the *Combat Start Date*.
* *Combat End Date* must be prior or equal to the official end date of the selected *Combat Location*.
* *Combat End Date* must be prior to or equal to the *Date of Death*.
* *Combat End Date* cannot be a future date.
* *Combat Location* dates cannot overlap.
* *Combat End Date* must be a precise date.
* Format: (mm/dd/yyyy)

**Period of Service** (the system automatically calculates the HEC {Veteran} *POS* based on the Veteran’s *Service Entry Dates* and *Service Separation Dates* after clicking the ***Calculate POS*** button)

HEC Period of Service:

These are periods of service (POS) equal to the latest war time period that a Veteran served.

Some examples of choices include WWI, WWII, Pre-Korean, Korean, Post Korean, Vietnam Era, Post Vietnam, Persian Gulf War, etc.

***More...***

In some examples shown below, the system automatically assigns the HEC (Veteran) *Period of Service* based on the Veteran’s *Service Entry Dates* and *Service Separation Dates* and assigns (after clicking the ***Calculate POS*** button) the POS in the following order:

* Korean 6/27/1950 – 1/31/1955
* Merchant Marine 12//07/1941 – 8/15/1945
* Persian Gulf War On or after  8/2/1990
* Pre-Korean Peacetime before 6/27/1950
* Post Korean 2/1/1955 – 2/27/1961
* Post-Vietnam Era  5/8/75 – 8/1/1990
* Spanish American 4/21/1898 – 7/4/1902
* Vietnam Era 2/28/1961 – 5/7/1975
* World War II 12/7/1941 – 12/31/1946
* World War I 4/6/1917 – 11/11/1918

If there are NO *Service Entry* and *Service Separation Dates*, the system uses the Site Service Entry and Separation Dates on file and assigns in accordance with the order of the assignments above. If there is NO Service Data on file, the system assigns **Other** or **None**.

User may also manually select a POS.

**required field symbol** Indicates Required Field

### Financials

#### Financial Assessment

While many beneficiaries qualify for cost-free healthcare services based on a compensable service-connected condition or other qualifying factor, most beneficiaries are required to complete an annual Financial Assessment (FA) or Means Test (MT) to determine if they qualify for cost-free services. Beneficiaries whose household income and net worth exceed the established threshold as well as those who choose not to disclose their financial information must agree to pay the required copays to become eligible for VA healthcare services. Note that new beneficiaries who apply for enrollment after January 16, 2003 and who decline to provide income information are not eligible for enrollment. Veterans eligible for enrollment will receive their enrollment confirmation and priority group assignment; enrollees will also receive information regarding their copay requirements, if applicable.

###### *Will the Veteran be charged copays?*

Many Veterans qualify for cost-free health care and/or medications based on any one or more of the following:

* Catastrophically Disabled
* Receiving a Purple Heart Medal
* Former Prisoner of War Status
* Compensable service-connected disabilities
* Pension, A&A or Housebound
* Low income
* Other qualifying factors including treatment related to their military service experience**.**

***...***related to their military service experience

Some Veterans are not charged copays for health care or medications furnished for treatment of conditions related to their military service. This includes exposure to Agent Orange, Ionizing Radiation, SW Asia Conditions during the Gulf War, Project 112/SHAD, Nose and Throat Radium treatment, or Sexual Trauma while in the military, or care of combat-related conditions for 2 years following discharge from active duty.

###### *Services Exempt from Inpatient and Outpatient Copays*

The following services are exempt from inpatient and outpatient copays:

* Special registry examinations offered by VA to evaluate possible health risks associated with military service
* Counseling and care for Military Sexual Trauma
* Compensation and pension examination requested by VBA
* Care that is part of a VA-approved research project
* Outpatient dental care
* Readjustment counseling and related mental health services for (PTSD)
* Emergency Treatment at other than VA facilities
* Care for cancer of head or neck caused from nose or throat radium treatments given while in the military
* Publicly announced VA public health initiatives, i.e. health fairs
* Flu shots and Immunizations
* Care related to service for Veterans who served in combat or against a hostile force during a period of hostilities after November 11, 1998

###### *What should the beneficiary do if s/he can't afford to pay copays?*

There are three options:

* The first option is to request a Waiver of Debt to "waive" existing copay debt when a Veteran's projected income for the current year will be substantially reduced and affect their ability to pay the debt. To request a waiver, the beneficiary must submit proof that they can't financially afford to make payments to VA. For more information, they should contact the Revenue or Billing office at the VA healthcare facility where they receive care.
* The second option is to request a Hardship Determination. If the beneficiary requests a hardship, they're asking VA to change their Priority Group assignment. Submission of their current financial information is required so that a determination can be made. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.
* The third option is to request an Offer in Compromise. An Offer in Compromise is an offer and acceptance of a partial payment in settlement and full satisfaction of the debt as it exists at the time the offer is made. Most compromise offers that are accepted must be for a lump sum payment payable in full 30 days from the date of acceptance of the offer. The beneficiary may contact the Enrollment Coordinator at their local VA for more information.

###### *Who is Subject to Provide a Financial Assessment (Means Test)?*

Certain NSC and 0% non-compensable service-connected Veterans are asked to report gross household income and net worth from the previous calendar year.

In determining the beneficiary's VA Health Care benefit, it is generally to their advantage to provide income information if their gross household income (less allowable deductions) is equal to or less than a certain amount. From the amounts the beneficiary reports on the Financial Worksheet, VA will calculate and inform them of their income-based benefits.

Current year income and net worth can be considered when there is a hardship.

**Note**: If beneficiary declines to give their financial information, VA will:

* Place beneficiary in Priority Group 8 AND
* Require they agree to pay the copay fees for Group 8 before treatment can be given.

**Important Information**

Please note that beneficiaries with no special eligibility factors who are applying for enrollment after January 16, 2003 and report income, after the medical deductible, above the MT thresholds or decline to provide income information are placed in Priority Group (PG) 8 and are not eligible for enrollment or care of their nonservice-connected conditions.

#### Financial Overview

This screen displays financial overview information for the beneficiary. The following summary categories are displayed.

***Income Year:***

Select an *Income Year* from the dropdown and then click the ***View Data*** button.

***PRINT 1010EZ*** – Click this button to print the Veteran’s populated 1010EZ form (Jul 2013) for the Income Year selected.

***PRINT 1010EZR*** – Click this button to print the Veteran’s populated 1010EZR form (Jul 2013) for the Income Year selected.

Item of special interest symbol**Note**: Clicking either ***PRINT*** button displays the form as a .pdf file in the browser window, at which time the user may elect to Print or Save the file.

**DEPENDENTS**    **FINANCIAL DETAILS**    **VIEW CHANGES MADE THIS INCOME YEAR**

* Financial Assessment - "Current" Financial Assessment indicates the most recent financial information currently on file.  
  A new added informational field to this area for ES 4.1.0 is the *BT* (Beneficiary Travel) *Financial Indicator*.
* Dependents
* Financial Summary
* Financial Details
* GMT Address
* Hardship
* Income Verification  
  A new added informational field to this area for ESR 3.12 is the *IVM Conversion Date*.
* Co-Pay Exemption Test
* Means Test
* Thresholds
* Beneficiary Travel

To display information for a collapsed category, click either the category name or the red arrow, which points to the right,right arrow symbol.

The category will display any information and the red arrow will then point down,down arrow symbol. To collapse, simply click either the category name or the red arrow again.

#### Dependents

##### Dependents Overview

This screen lists the dependent overview of current dependents (both Active and Inactive) on file for the beneficiary. The dependents are listed by SSN, Name, Relationship and Status. Resorting may be done on any category by either clicking on the category name or on the down arrow symbol or the up and down arrow symbol (sorting symbol) symbols. Click again to sort the opposite (ascending/descending) of the pervious sort.

**FINANCIAL DETAILS    VIEW HISTORICAL DEPENDENTS**

SSN

Displays dependent's Social Security Number. Click on an SSN link to edit the dependent information.

Name

Displays dependent's name.

Relationship

Displays dependent's relationship to the beneficiary.

Status

Displays dependent's current status.

##### Add/Edit Dependent Spouse

***(Edit)*** means that these additional fields are available in the Edit mode.

Prefix:

Dependent title is the title supplied for the dependent such as Ms, Mrs.

Rules...

* *Prefix* is free text and must be between 1 and 10 characters.
* Dependent title is not a required field.

required field symbolFirst Name:

The Name fields are an important element in the unique identity of a person. Enter the spouse's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* Spouse's *First Name* is a required field.
* *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

Rules...

* *Middle Name* must be between 1 and 25 characters.
* Dependent spouse's *Middle Name* is not a required field.

required field symbolLast Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent's complete legal last name.

Rules...

* Multiple last name components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 1 and 35 characters.
* Dependent spouse's *Last Name* is a required field.

Maiden Name:

Spouse's *Maiden Name* is defined as the spouse's family name prior to the marriage.

This data is shared with VistA.

Rules...

* Acceptable format is free text 1-35 characters.
* Spouse's maiden name is not a required field.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

Rules...

* This is a free text field 1-10 characters.
* Dependent suffix is not a required field and occurs once (one per dependent).

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Rules...

* *SSN* cannot be a *Pseudo* *SSN*.
* The following *SSN* can never be possible (according to SSA):

123456789

* The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* Spouse *SSN* is not a required field.

Pseudo SSN:

*Pseudo* *SSN* is an SSN that may be generated in ES as 9 numbers. The “P” is removed by the system.

This data is shared with VistA.

Item of special interest symbolIf a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Pseudo SSN Reason:

*Pseudo* *SSN Reason* is defined as the reason a legal *SSN* was not given.

Three reasons for assigning a spouse *Pseudo SSN* are:

* Follow-up required
* Refused to provide information
* No *SSN* assigned

This data is shared with VistA.

Item of special interest symbolIf a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

required field symbolGender:

Spouse gender is defined as the gender that best describes this individual's sex.

More...

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

* F – Female
* M – Male

required field symbolDate of Birth:

Spouse date of birth is the date the spouse was born.

Rules ...

* DOB must be before date of marriage.
* Can be imprecise.
* DOB cannot be a future date.
* DOB must be before date of relationship termination.
* Formats: 'mm/dd/yyyy' or 'mm/yyyy'

required field symbolDate of Marriage:

*Date of Marriage* is the date the spouse became a dependent.

Rules...

* This is the effective date for this spouse.
* This date cannot be before the Veterans DOB or spouse's DOB.
* This date cannot be a future date.
* *Date of Marriage* must be before date of relationship termination.
* *Date of Marriage* cannot be after *Date of Death*.
* Formats: 'mm/dd/yyyy', 'mm/yyyy', or 'yyyy'.

Inactive Date:

This is the date the marriage was terminated.

Rules...

Inactive Date must occur after Date of Marriage.

Address Line 1:

*Address Line 1* is the number and street or post office box of the spouse’s mailing address.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of the spouse’s mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of the spouse’s mailing address.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the *City* used for the spouse’s address.

State:

Enter the *State* name associated with the spouse’s address.

Last Changed:

System displays last date and time the spouse’s address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

More...

Acceptable responses are:

* Yes
* No

Contributed to Spousal Support:

Acceptable responses are:

* Yes
* No

Rules:

* *Contributed to Spousal Support* is not applicable when *Lived with Veteran Last Calendar Year* is **Yes**.

SSN Source of Change (Edit):

*SSN Source of Change* is an audit field to capture the source of the updated SSN.

Choices are:

* Other
* VAMC
* Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

* In-Process
* Invalid per SSA
* New Record
* Resend to SSA
* *Verified* ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

If *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

* Employer Name
* Employer Address Group
* Employer Phone
* Date of Retirement

***More...***

The acceptable choices are:

* ACTIVE MILITARY DUTY
* EMPLOYED FULL-TIME
* EMPLOYED PART-TIME
* NOT EMPLOYED
* RETIRED
* SELF EMPLOYED
* UNKNOWN

Employer Name:

This is a free text field of 1 – 30 characters which displays the spouse’s employer’s name.

Field is system filled.

Occupation:

This is a free text field of 1 – 30 characters which displays the spouse’s occupation.

Field is system filled.

Employer Address Line 1:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 1* is the number and street or post office box of a mailing address.

Field is system filled.

Employer Address Line 2:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Field is system filled.

Employer Address Line 3:

This is a free text field of 1 – 30 characters which displays the employer’s address. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Field is system filled.

City:

This is a free text field of 1 – 30 characters which displays the employer’s city.

Field is system filled.

State:

This field displays the employer’s state.

Field is system filled.

Zip Code:

This is a free text field of 5 – 10 characters which displays the employer’s zip code.

Field is system filled.

Employer Phone Number:

This is a free text field of 3 – 30 characters which displays the spouse employer’s phone number.

Field is system filled.

Date of Retirement:

This is the spouse’s Retirement Date in standard date format.

Field is system filled unless *Employment Status* is equal to "Retired". If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

**required field symbol** Indicates Required Field

##### Add Dependent Spouse (Add a Person)

This screen allows the user to add a dependent spouse for the person being registered.

When adding (registering) a new person, certain fields are now required and others become editable as described and indicated below.

Item of special interest symbol**Note:** Adding a dependent spouse is not required to complete a registration.

Prefix:

Dependent title is the title supplied for the dependent such as Ms, Mrs.

Rules...

* *Prefix* is free text and must be between 1 and 10 characters.
* Dependent title is not a required field.

required field symbolFirst Name:

The Name fields are an important element in the unique identity of a person. Enter the spouse's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* Apostrophes and hyphens are the only punctuation that can be used.
* Spouse's *First Name* is a required field.
* *First Name* must be between 1 and 25 characters.

Middle Name:

Enter the full middle name, when available. Leave the middle name blank if one does not exist; do not use NMI or NMN.

Rules...

* *Middle Name* must be between 1 and 25 characters.
* Dependent spouse's *Middle Name* is not a required field.

required field symbolLast Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent's complete legal last name.

Rules...

* Multiple last name components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 1 and 35 characters.
* Dependent spouse's *Last Name* is a required field.

Maiden Name:

Spouse's *Maiden Name* is defined as the spouse's family name prior to the marriage.

This data is shared with VistA.

Rules...

* Acceptable format is free text 1-35 characters.
* Spouse's maiden name is not a required field.

Suffix:

Dependent suffix is the suffix for the spouse dependent name such as Junior, III.

Rules...

* This is a free text field 1-10 characters.
* Dependent suffix is not a required field.

SSN:

Spouse SSN is defined as the Social Security Number of the spouse.

Rules...

* *SSN* cannot be a *Pseudo* *SSN*.
* The following *SSN* can never be possible (according to SSA):

123456789

* The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* Spouse *SSN* is a required field if a *Pseudo SSN Reason* is not supplied.

Pseudo SSN:

*Pseudo* *SS* is an SSN that may be generated in ES as 9 numbers. The “P” is removed by the system.

This data is shared with VistA.

Item of special interest symbolIf a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Pseudo SSN Reason:

*Pseudo* *SSN Reason* is defined as the reason a legal *SSN* was not given.

Three reasons for assigning a spouse *Pseudo SSN* are:

* Follow-up required
* Refused to provide information
* *Pseudo SSN Reason* is required if no *SSN* is assigned.

This data is shared with VistA.

Item of special interest symbolIf a dependent spouse has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

required field symbolGender:

Spouse gender is defined as the gender that best describes this individual's sex.

More...

In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

The acceptable choices are:

* F – Female
* M – Male

required field symbolDate of Birth:

Spouse date of birth is the date the spouse was born.

Rules ...

* DOB must be before date of marriage.
* DOB can be imprecise.
* DOB cannot be a future date.
* DOB must be before date of relationship termination.
* Formats: 'mm/dd/yyyy' or 'mm/yyyy'

required field symbolDate of Marriage:

*Date of Marriage* is the date the spouse became a dependent.

Rules...

* This is the effective date for this spouse.
* This date cannot be before the Veterans DOB or spouse's DOB.
* This date cannot be a future date.
* *Date of Marriage* must be before date of relationship termination.
* *Date of Marriage* cannot be after *Date of Death*.
* Formats: 'mm/dd/yyyy', 'mm/yyyy', or 'yyyy'.

Inactive Date:

This is the date the marriage was terminated.

Rules...

Inactive Date must occur after Date of Marriage.

Address Line 1:

*Address Line 1* is the number and street or post office box of the spouse’s mailing address.

Address Line 2:

*Address Line 2* is the text supplemental to the number and street of the spouse’s mailing address.

Address Line 3:

*Address Line 3* is the text supplemental to the number and street of the spouse’s mailing address.

Zip Code:

*Zip Code* is the mail code used for mail delivery within the USA only. Either 5 or 9-digit code may be used.

City:

Enter the name of the *City* used for the spouse’s address.

State:

Enter the *State* name associated with the spouse’s address.

Last Changed:

System displays last date and time the spouse’s address was changed.

Home Phone:

System displays the last known phone number for the spouse.

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

This data is shared with VistA.

More...

Acceptable responses are:

* Yes
* No

Contributed to Spousal Support:

Acceptable responses are:

* Yes
* No

Rules:

* *Contributed to Spousal Support* is not applicable when *Lived with Veteran Last Calendar Year* is **Yes**.

Employment Status:

Spouse employment status is defined as the current employment status of the spouse.

If *Employment Status* is set to "Retired", the *Date of Retirement* field may be edited.

If *Employment Status* is changed to "Unknown" or "Not Employed", the following field values will be deleted:

* Employer Name
* Employer Address Group
* Employer Phone
* Date of Retirement

More...

The acceptable choices are:

* ACTIVE MILITARY DUTY
* EMPLOYED FULL-TIME
* EMPLOYED PART-TIME
* NOT EMPLOYED
* RETIRED
* SELF EMPLOYED
* UNKNOWN

Employer Name:

The spouse’s employer’s name is a free text field of 1 – 30 characters.

Occupation:

The spouse’s occupation is a free text field of 1 – 30 characters.

Country:

From the dropdown, select the spouse employer’s country.

Address Line 1:

The employer’s address is a free text field of 1 – 30 characters. *Address Line 1* is the number and street or post office box of a mailing address.

Address Line 2:

The employer’s address is a free text field of 1 – 30 characters. *Address Line 2* is the text supplemental to the number and street of a mailing address.

Address Line 3:

The employer’s address is a free text field of 1 – 30 characters. *Address Line 3* is the text supplemental to the number and street of a mailing address.

Zip Code:

The employer’s zip code is a free text field of 5 – 10 characters.

*Zip Code* is the mail code used for mail delivery within the USA only. If anything other than **United States** is selected in the *Country* field, the *Zip Code* field will not display.

City:

The employer’s city is a free text field of 1 – 30 characters.

State/Province:

**State**: Enter the full state name associated with the employer’s address.

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Province**: Enter the full province name if a country other than **United States** is selected. *Province* can be up to 20 characters in length.

County/Postal Code:

**County**: Enter the county in which the employer lives (not required).

U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties.

To view a standard list of values for States and Counties, visit the ***Administrative Data Quality Council Intranet Site***.

**Postal Code**: Enter a postal code if a country other than **United States** is selected. *Postal Code* can be up to 10 characters/numbers in length.

Employer Phone Number:

The spouse employer’s phone number is a free text field of 3 – 30 characters.

Date of Retirement:

This is the spouse’s Retirement Date in standard date format.

If the *Employment Status* is equal to "Retired", this field can be edited.

If *Employment Status* is changed from "Retired" to any other value, the *Date of Retirement* field will be deleted.

**required field symbol** Indicates Required Field

##### Add/Edit Child (Dependent)

***(Edit)*** means that these additional fields are available in the Edit mode.

required field symbolDependent Effective Date:

*Dependent Effective Date* is defined as the date the child became a Dependent.

Rules...

* Date must be on or after DOB.
* Date cannot be a future date.
* Imprecise dates are allowed.
* *Dependent Effective Date* is a required field.

Inactive Date:

The Inactive Date is the date the child (dependent) is no longer considered a valid dependent.

Rules...

* *Inactive Date* must be after child's DOB and equal to or prior to the DOD. Examples may include the child reaching the age limit, dying, etc.

Prefix:

Dependent title is the title supplied for the dependent such as Mr., Ms.

Rules...

* *Prefix* is free text and must be between 1 and 10 characters.
* Dependent title is not a required field.

required field symbolFirst Name:

The Name fields are an important element in the unique identity of a person. Enter the dependent's complete legal first name. Avoid using nicknames or ambiguous information.

Rules...

* *First Name* must be between 1 and 25 characters.
* Apostrophes and hyphens are the only punctuation that can be used.
* Dependent's *First Name* is a required field.

Middle Name:

Enter the full middle name, when available. Leave *Middle Name* blank if one does not exist; do not use NMI or NMN.

Rules...

* *Middle Name* must be between 1 and 25 characters.
* Dependent child's *Middle Name* is not a required field.

required field symbolLast Name:

The NAME fields are an important element in the unique identity of a person. Enter the dependent's complete legal last name.

Rules...

* Multiple last name components must be separated by spaces.
* People with hyphenated names should be entered with the hyphen included.
* Legal Spanish names may be entered with the Mother's maiden name first, a hyphen and the Father's name all in the *Last Name* field.
* Apostrophes and hyphens are the only punctuation that can be used.
* *Last Name* must be between 1 and 35 characters.
* Dependent's last name is a required field.

Suffix:

*Suffix* is the suffix associated with an individual's name. Suffixes must be used for JR (junior), SR (senior) and birth positions.

Rules...

* Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.).
* Suffixes must be entered without punctuation.
* If entering a *Suffix*, (such as JR, SR, III) no punctuation must be used.
* *Suffix* must be between 1 and 10 characters.

SSN:

Dependent Child's *SSN* is defined as the Social Security Number given to that child by the Social Security Administration. The acceptable format is 9 numeric characters.

Rules...

* *SSN* cannot be a *Pseudo* *SSN*.
* The following *SSN* can never be possible (according to SSA):

123456789

* The *SSN* cannot be all ones, twos, threes, fours, fives, sixes, sevens, eights, or nines.
* Middle two numbers cannot be 00.
* Last four numbers cannot be 0000.
* First three numbers cannot be 000.
* Dependent Child's *SSN* is a required field and cannot be a multiple (one per dependent) unless a *Pseudo SSN Reason* is provided.
* If beneficiary has multiple dependents the *SSN*s cannot be the same.

Pseudo SSN:

*Pseudo* *SSN* is an *SSN* that may be generated in ES as 9 numbers. The "P" is removed by the system.

This data is shared with VistA.

Item of special interest symbolIf a dependent child has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Rules...

* *Pseudo SSN* is not required if *SSN* is supplied.

Pseudo SSN Reason:

*Pseudo* *SSN* *Reason* is defined as the reason a legal *SSN* was not given.

Three reasons for assigning a dependent *Pseudo SSN* are:

* Follow-up required
* Refused to provide information
* No *SSN* assigned

This data is shared with VistA.

Item of special interest symbolIf a dependent child has a Pseudo SSN and/or Pseudo SSN Reason in VistA, it will display here.

Rules...

* *Pseudo SSN Reason* is not required if *SSN* is supplied.

required field symbolRelationship:

Dependent child's relationship to beneficiary is defined as the child’s relationship to the beneficiary. The acceptable choices are:

Choices...

* Son
* Daughter
* Stepson
* Stepdaughter

Rules...

* Dependent child's *Relationship* to beneficiary is a required field and can be a multiple (one per dependent).
* If *Relationship* = son or stepson, gender can only be male.
* If *Relationship* = daughter or stepdaughter, gender can only be female.

required field symbolDate of Birth:

Dependent child's *Date of Birth* is the date this child was born.

Rules...

* Date cannot be a future date.
* Dependent child's *Date of Birth* is a required field.
* Format: (mm/dd/yyyy)

SSN Source of Change (Edit):

*SSN Source of Change* is an audit field to capture the source of the updated SSN.

Choices are:

* Other
* VAMC
* Veteran

SSA Verification Status (Edit):

An indicator that describes the status of the SSN verification with SSA. Choices are:

* In-Process
* Invalid per SSA
* New Record
* Resend to SSA
* Verified ...indicates SSA has verified the name, SSN and DOB combination.

SSA Verification Date (Edit):

This indicates the date of the SSN verification from the Social Security Administration (Display Only).

SSA Message (Edit):

An error message that is received from the Social Security Administration (Display Only).

Resided with Veteran Last Calendar Year:

Acceptable responses are:

* Yes
* No

*Resided with Veteran Last Calendar Year* is defined as a dependent who lived with the beneficiary for the last calendar year.

Contributed to Child Support:

Acceptable responses are:

* Yes
* No

If dependent did not live with beneficiary last calendar year and the beneficiary contributed to the child's support, answer **Yes**. Otherwise, answer **No**.

This data is shared with VistA.

Rules...

* Contributed to Child Support Indicator can only be set to **Yes** if the Resided with Veteran Last Calendar Year indicator is **No**.

Child has Income:

Enter in this field whether the child had earned or unearned income and/or net worth last calendar year.

This data is shared with VistA.

More...

Income payable to another person as guardian or custodian of the child is considered to be the child's income.

Available Income:

Was dependent child's income available to the beneficiary?

* Yes
* No

This data is shared with VistA.

Rules...

* *Available Income* indicator can only be answered if the *Child Has Income* indicator is set to **Yes**.

In School:

*In School* is defined as a dependent 18-23 years old who is a full-time student in school.

This data is shared with VistA.

Incapable of Self Support

Dependent Child that is permanently incapable of self-support.

This data is shared with VistA.

***More...***

This indicates that the child is over the age of 18 and became permanently incapable of self-support before reaching the age of 18.

Acceptable responses are:

* Yes
* No

This indicator is not a required field and there can be multiples (one per dependent). This is collected for dependent person type only.

**required field symbol** Indicates Required Field

#### Financial Details

*item of special interest symbol*The rules for setting GMT Copay Required or Pending Adjudication were changed beginning with calendar year 2010. This General Counsel ruling affects the Priority Group assigned to the Veteran.

Effective calendar year 2010 for income Years 2009 and greater, the setting for GMT Copay Required or Pending Adjudication has changed for those Veterans who meet the Income and Net Worth ranges as described under the field “***Do you want to send this for Adjudication?***” below.

Veterans who have very low income where the GMT Threshold is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold, will now be placed in Priority Group 7.

Edit Financial Details (Income Year XXXX)

required field symbolDo you want to send this for Adjudication?:

This required question appears only when after completing a current Means Test and the evaluation of total computed income, MT Threshold, GMT Thresholds, Net Worth and Net Worth Threshold determines the means test status could be one of three statuses:

When the GMT Threshold is greater than the MT Threshold and the user selects:

Yes - MT Status will be set to Pending Adjudication.

No - MT Status will be set to GMT Copay Required.

**OR**

When the GMT Threshold is less than or equal to the MT Threshold and the user selects:

Yes - MT Status will be set to Pending Adjudication.

No - If Net Income is greater than the GMT Threshold, MT Status will be set to MT Copay Required.

No - If Net Income is less than or equal to the GMT Threshold, MT Status will be set to GMT Copay Required.

required field symbolMarried Last Calendar Year:

Was the beneficiary married during the Last Calendar Year?

* Yes
* No

Income Test (Add Income Test)

required field symbolTest Effective Date:

Effective date is the date the Income Test takes effect.

Rules...

* *Test Effective Date* must be a date in the past or today's date.
* Format: (mm/dd/yyyy)

required field symbolDisclose Financial Income:

Does the beneficiary choose to disclose Financial Information?

* Yes
* No

Agree to Pay Deductible:

Does the beneficiary choose to pay the deductible?

Rules...

* *Agree to Pay Deductible* is required when *Disclose Financial Income* is **No**.
* Beneficiary must answer **Yes** or **No** if the Veteran has a MT status of MT Copay Required or GMT Copay Required or Pending Adjudication.
* If the beneficiary chooses **No**, s/he is considered Ineligible.

Dependency Factors (spouse)

SSN:

Dependent's SSN is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on a SSN to expand additional *Dependency Factor* information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to patient (display only).

Gender:

This is the gender of the spouse.

Date of Marriage:

Date of marriage is defined as the date the spouse became a dependent.

***More...***

This is the effective date for the current spouse.

Rules...

* This date cannot be before the Veterans DOB or spouse's DOB.
* This date cannot be a future date.
* *Date of Marriage* must be before date of relationship termination.
* Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

* Yes
* No - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Rules...

* Format: (mm/dd/yyyy)

Lived with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

* Yes
* No - If **No** enter **Yes** or **No** if the beneficiary contributed to the Spouse's support during the previous calendar year.

Amount Contributed to Spousal Support :

If a dollar valueexists, it will be presented as display only.

Contributed to Spousal Support (if the answer to Lived with Veteran Last Calendar Year is No):

Acceptable responses are:

* Yes
* No

Dependency Factors (child)

SSN:

Dependent's *SSN* is defined as the Social Security Number given to that individual by the Social Security Administration (SSA) (display only).

User may click on a *SSN* to expand additional *Dependency Factor* information.

Name:

Name of dependent (display only).

Relationship:

Relationship of dependent to beneficiary (display only).

Gender:

This is the gender of the dependent.

Dependent Effective Date:

*Dependent Effective Date* is defined as the date the child became a dependent.

Rules...

* Date must be on or after DOB.
* Date cannot be a future date.
* Imprecise dates are allowed.
* Format: (mm/dd/yyyy)

Valid Dependent:

A *Valid Dependent* is an individual who passes VA tests for a valid dependent.

* Yes
* No - If **No** enter date the dependent became inactive. Format: (mm/dd/yyyy)

Inactive Date (if answer to Valid Dependent is No):

Enter in this field the date the dependent no longer was a dependent.

Rules...

* Format: (mm/dd/yyyy)

Resided with Veteran Last Calendar Year:

Did the dependent live with the beneficiary for the last calendar year?

* Yes
* No - If **No** enter Yes or No if the beneficiary Contributed to Child Support during the previous calendar year.

Contributed to Child Support (if answer to Resided with Veteran Last Calendar Year is No)

Acceptable responses are:

* Yes
* No

Child has Income:

Enter in this field whether the child had earned or unearned income last calendar year. Income payable to another person as guardian or custodian of the child is considered to be the child's income.

* Yes
* No

Rules...

* If the *Available Income* indicator is answered **Yes** or **No** then the *Child has Income* indicator is required.

Available Income (if answer to Child Has Income is Yes):

Indicate whether the child's income and/or net worth was/were available to the beneficiary last calendar year.

* Yes
* No

More...

The child's income and/or net worth are almost always determined to be available.

A child's income and/or net worth may be excluded when the child is not in the beneficiary's custody and the beneficiary does not have direct access to the child's income or when the beneficiary has custody, but s/he can prove that the income is not available to him/her (e.g. a trust that the beneficiary doesn't have access to OR social security that's going to a separated spouse.)

Rules...

* If the *Available Income* indicator is answered **Yes** or **No** then the *Child Has Income* indicator is required.
* If the *Available Income* indicator is answered **Yes**, then the *Child Has Income* indicator cannot be answered **No** or left blank.

In School:

*In School* is defined as a dependent 18-23 years old who is a full-time student in school.

* Yes
* No

Incapable of Self Support:

Dependent child is Permanently and Totally disabled and *Incapable of Self-Support*.

* Yes
* No

More...

Answer **Yes** if the child is over the age of 18 and became permanently and totally disabled and incapable of self-support before reaching the age of 18.

Indicator is not a required field and can be a multiple (one per dependent). This is collected for dependent person type only.

Income (pre-Feb. 2005 format)

Employment:

Enter in this field the annual amount of Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

More...

Exclude income from the beneficiary’s farm, ranch, property or business.

US Civil Service:

Enter in this field any income derived from governmental civil service jobs held.

Interest/Dividend/Annuity:

Enter in this field all income derived from Interest, Dividends and Annuities held.

Unemployment:

Enter in this field all income derived from Unemployment Compensation.

Income - Retirement

Social Security:

Enter in this field all Social Security income.

Military Retirement:

Enter in this field all income derived from any *Military Retirement*.

Railroad Retirement:

Enter in this field any *Railroad Retirement* income.

Other Retirement:

Enter in this field any *Other Retirement* income not reportable in other categories.

Income - Workers Comp/Black Lung, Other

Workers Comp/ Black Lung:

Enter in this field any Workers' Compensation and/or Black Lung benefits received.

Other Income:

Enter in this field any Other Income not reportable in other categories; e.g. prizes and awards, punitive damages, deceased employee's wages paid to estate or beneficiary.

Exclude welfare.

Income (post-Feb. 2005 format)

Total Employment Income:

Enter in this field the annual amount of Total Gross Income from Employment (wages, bonuses, tips, etc.) received during the previous year.

This data is shared with VistA.

***More...***

Exclude income from the beneficiary’s farm, ranch, property or business.

Rules...

* *Total Employment Income* must be 0 through 9999999.00.

Ranch, Farm, Property or Business:

Enter in this field the annual amount of income from the beneficiary’s farm, ranch, property or business, minus operating expenses, received during the previous year.

Depreciation is not considered a deductible expense.

Rules...

* Ranch, Farm, Property or Business must be 0 through 9999999.00.

Other Income:

List *Other Income* amounts (Social Security, compensation, pension, interest, dividends. Exclude welfare).

This data is shared with VistA.

***More...***

Enter in this field the annual amount of other income Social Security received during the previous calendar year. This includes, but is not limited to, Social Security Retirement and/or Disability Income; compensation benefits such as VA disability, unemployment, retirement and pension income; interest; and dividends. Exclude welfare or need-based payments from a governmental agency, profit from occasional sale of property, reinvested interest on IRAs.

Rules...

* *Other Income* must be 0 through 9999999.00.

Expenses

Education Expenses:

Enter the total amount of college and vocational education expenses paid during the reporting year.

More...

This would include tuition, books, fees, materials, etc.

The beneficiary is not allowed to enter a Child's Education Expenses unless the child also had Employment Income information.

Rules...

* *Education Expenses* must be 0 through 9999999.00.

Non-reimbursable Medical Expenses:

Enter the total amount of unreimbursed medical expenses paid by the beneficiary during the previous calendar year.

***More...***

The expenses can be for the beneficiary or for persons that the Veteran has a legal or moral obligation to support. The expenses must actually have been paid by the beneficiary.

Reportable medical expenses include amounts paid for the following:

fees of physicians, dentists, and other providers of health services; hospital and nursing home fees; medical insurance premiums (including the Medicare premium); drugs and medicines; eyeglasses; any other expenses that are reasonably related to medical care.

Do not list expenses which the beneficiary has paid if the beneficiary expects to receive reimbursement from insurance or some other source.

By law, not all of the unreimbursed medical expenses paid by the beneficiary during the previous calendar year may be deducted from the total annual income. The total amount of the unreimbursed medical expenses entered in this field will be automatically adjusted based upon the beneficiary's maximum annual pension amount and number of dependents.

Rules...

* *Non-reimbursable Medical Expenses* must be 0 through 9999999.00.

Adjusted Medical Expenses:

This is a calculated field based on the value entered for Gross Medical Expenses and the number of dependents active for the test.

Funeral/Burial Expenses:

Enter in this field amounts paid by the beneficiary during the previous calendar year for funeral or burial expenses of the beneficiary's deceased spouse or child or for pre-paid funeral or burial expenses of the beneficiary, spouse, or any dependent child.

More...

Do not report amounts paid for funeral or burial expenses of other relatives such as parents, siblings, etc.

Rules...

* *Funeral/Burial Expenses* must be 0 through 9999999.00.

Assets

Cash and Bank Account Balance:

Enter in this field cash and amounts in bank accounts.

This data is shared with VistA.

More...

This includes checking accounts, savings accounts, Certificates of Deposit (CDs), Individual Retirement Accounts (IRAs), and stocks and bonds as of 12/31 of the income year being reported.

Rules:

* *Cash and Bank Account Balance* must be 0 through 9999999.00.

Stocks and Bonds (pre-Feb. 2005 format):

Enter in this field the dollar amount held in Stocks and Bonds. *Stocks and Bond* information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

More…

A *Bond* is essentially an ‘IOU’ in which an investor agrees to loan money to a company or government in exchange for a predetermined interest rate.

*Stock* represents a piece of ownership in a company. When the company makes money, the stock becomes more valuable. This increased value can be taken in the form of a dividend or reinvested to buy more stock.

Rules:

* *Stocks and Bonds* amount must be 0 through 9999999.00.

Land, Buildings Less Mortgage and Liens:

Enter in this field the current value of land and buildings, less mortgages and liens.

This data is shared with VistA.

More...

Do not report the value of the beneficiary's primary residence. If the beneficiary's primary residence is a multifamily dwelling, report the value of the building less the value of the unit occupied the Veteran. If the beneficiary lives on a farm, report the value of the farm less the value of the house occupied by the beneficiary and a reasonable surrounding area. **NOTE:** Since the beneficiary's primary residence is not reported as an asset, the mortgage may NOT be reported as a debt. In addition, the value of any other property owned by the beneficiary or spouse or dependent children will be calculated in the same manner. A.K.A. 'Land/Bldgs.'

Rules:

* Land, Buildings Less Mortgage and Liens must be 0 through 9999999.00.

Other Property or Assets:

Enter in this field the current market value of other property or assets that are owned minus the amount that is owed on these items.

This data is shared with VistA.

***More...***

Include the value of farm, ranch or business assets. However, do not report the value of household effects or vehicles regularly used for family transportation. Assets may include art, rare coins, or collectibles, etc.

Rules...

* *Other Property or Assets* must be 0 through 9999999.00.
* *Debts* cannot exceed the dollar amount in the asset type of *Other Property or Assets* amount.

Debts (pre-Feb. 2005 format)

$

Here is where all debts are individually entered for the Veteran and Spouse only. Debt information is only collected for the pre-Feb 2005 Format Tests.

This data is shared with VistA.

Rules...

* *Debts* must be a dollar amount 0 to 9999999.00.
* *Debts* for a person cannot exceed the dollar amount in the asset type of Other Property or Assets amount for that same person.

**required field symbol** Indicates Required Field

#### Adjudication (Income Year XXXX)

Many factors are used to determine whether a Means Test (MT) should be placed in a **Pending Adjudication** status including:

* Total Income vs. the MT and GMT Thresholds,
* Total Income plus Net Worth vs. Net Worth Thresholds, and
* Income from Farm/Ranch/Property or Business

*item of special interest symbol* A ruling was made by the General Counsel, effective for calendar year 2010 for Income Years 2009 and greater. The setting for GMT Copay Required or Pending Adjudication was changed for those Veterans who have very low income where the GMTT is less than the MTT and the person's net income is less than or equal to the GMTT, yet their net income plus assets is greater than the Net Worth Threshold. These Veterans will now be placed in Priority Group 7.

When adjudicating the case, these factors, along with others (such as the age of the patient and how long their assets are expected to last at their current income level) are used to help determine the *Means Test Status* for the patient.

The *Means Test Status* must be equal to **Pending Adjudication** in order to perform this action.

Adjudication (Income Year [XXXX](javascript:void(0);))

Means Test Threshold:

This is the current *Means Test Threshold* for the current income year (Display Only).

GMT Threshold:

This is the *Geographic Means Test Threshold* for the current income year for the area of the country in which the patient was living at the time the *MT* was completed (Display Only).

required field symbolMeans Test Status:

When the *GMT Threshold* is greater than the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

* **GMT Copay Required**
* **MT Copay Exempt**

When the *GMT Threshold* is less than or equal to the *MT Threshold*, the user may select one of the following *Means Test Statuses* to adjudicate the record:

* **MT Copay Required**
* **MT Copay Exempt**

**required field symbol** Indicates Required Field

### Enrollment

#### Cancel/Decline/Override Enrollment

Enrollment data includes the fields used to determine when an individual has applied for enrollment into the VA Health Care System, among these are the beneficiary's Enrollment Priority and Enrollment Status.

**VIEW HISTORICAL ENROLLMENT**

Current Enrollment

This displays the summary of the beneficiary's current enrollment status.

Cancel/Decline/Override Enrollment

Enrollment Application Date:

The *Enrollment Application Date* is the date of the application for enrollment. Some beneficiaries have been enrolled automatically by the system. When this occurs, the beneficiary will not have an application date.

***More...***

For beneficiaries who mail their VA Form 10-10EZ to a VA healthcare facility for processing, the date of the postmark is to be entered into VistA as the *Enrollment Application Date*.

For beneficiaries who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the *Enrollment Application Date*.

For beneficiaries who apply for enrollment in person, the date of the beneficiary's presence at the facility for the purpose of enrolling is to be entered into VistA as the *Enrollment Application Date*.

Rules...

* Enrollment Application Date cannot be a future date.
* Enrollment Application Date requires a precise date.
* Enrollment Application Date cannot be after the Date of Death.
* Enrollment Application Date cannot be prior to the Date of Birth.
* Enrollment Application Date cannot be prior to 10/01/1996.

Cancelled/Declined Indicator:

This indicates if Veteran either cancelled or declined enrollment in the VA healthcare system.

The choices are:

* Yes
* No
* No Data

Rules...

* *Enrollment Category* must be **Enrolled** or **In Process** in order to set the *Cancelled/Declined Indicator* to **Yes**.
* The Veteran's requests to cancel/decline enrollment must be provided to the HEC in writing.
* Veterans who decline or cancel enrollment are not eligible for care of nonservice-connected conditions; however, emergent care can be provided on a humanitarian basis.
* Veterans can reapply for enrollment at any time, however, they will be considered "new" applicants and enrollment will be based upon the current enrollment criteria.

Cancelled/Declined Effective Date:

*Cancelled/Declined Effective Date* is the date the Veteran requested, in writing, to cancel or decline enrollment. The system defaults to the current date.

Rules...

* Cancelled/Declined Effective Date is required when the Cancelled/Declined Indicator is set to **YES**.
* Cancelled/Declined Effective Date must be a precise date.

Cancelled/Declined Effective Date cannot...

* be a date prior to the Veteran’s *Date of Birth*.
* be a future date.
* be a date that is equal to or prior to the *Enrollment Application Date*.
* be after the *Date of Death*.

Reason Cancelled/Declined:

*Reason Cancelled/Declined* is defined as the reason why a Veteran has chosen to cancel or decline enrollment in the VA Health Care System.

This data is shared with VistA.

More...

Choices are:

* Other Insurance  – *Veteran is covered under other insurance*
* Other (when selected, Canceled/Declined Remarks field is required)
* Dissatisfied with VA Care  – Veteran is dissatisfied with the VA care s/he has received
* Geographic Access  – Veteran lives too far from a VA Health Care facility

Rules...

* Reason Cancelled/Declined is a required entry when Cancelled/Declined Indicator is **Yes**.
* When Reason Cancelled/Declined choice is **Other**, Canceled/Declined Remarks is a required field.

Reason Cancelled/Declined Not Processed:

Reason Cancelled/ Declined Not Processed is the reason the cancel decline request has not been processed by the HEC user. Select from the dropdown.

Rules...

* Reason Cancel/Declined Not Processed is not valid unless Canceled/Declined Indicator is **No**.

Cancelled/Declined Remarks:

*Cancelled/Decline Remarks* is a free-text explanation of the reason for cancelling or declining enrollment.

This data is shared with VistA.

Rules...

* *Canceled/Declined Remarks* cannot be greater than 60 characters.
* *Canceled/Declined Remarks* cannot be entered unless *Reason Canceled/Declined* is **Other**. It may also be left blank.

Enrollment Override:

*Enrollment Override* flag is defined as a flag that when set, will initiate the determination of a beneficiary's enrollment priority.

Item of special interest symbolThis flag can only be set by a HEC user.

More...

It is used in those cases where a beneficiary may have been incorrectly placed in a *Rejected*; *Stop New Enrollments* OR *Rejected; Below Enrollment Group Threshold Enrollment* status.

It could also be used when a beneficiary was incorrectly enrolled into a priority group that should be rejected.

Valid Responses are:

* Yes
* No

required field symbolEnrollment Override Reason:

This is the reason for the enrollment override. Select from the dropdown.

Rules...

* Enrollment Override Reason is required when Enrollment Override is **Yes**.

Enrollment Override Comments:

This is a free text comments area for the enrollment override.

Rules...

* *Enrollment Override Comments* cannot be greater than 80 characters.

**required field symbol** Indicates Required Field

#### Cancel/Decline/Override Enrollment (Add a Person)

Enrollment data includes the fields used to determine when an individual has applied for enrollment into the VA Health Care System, among these are the registrant's **Enrollment Priority** and **Enrollment Status**.

When adding (registering) a new person, certain fields may now be required and others become editable as described and indicated below.

New to this screen under **Cancel/Decline/Override Enrollment** are the editable (registration) Application Signature Date and ***Application Methods*** fields. These two fields are not required.

**Current Enrollment VIEW HISTORICAL ENROLLMENT**

This displays the summary of the registrant 's current enrollment status.

Cancel/Decline/Override Enrollment

required field symbolEnrollment Application Date:

The *Enrollment Application Date* is the date of the application for enrollment

item of special interest symbol**Note:** The *Enrollment Application Date* is required when Adding a Person (registration).

***More...***

For registrants who mail their VA Form 10-10EZ to a VA Health Care facility for processing, the date of the postmark is to be entered into VistA as the *Enrollment Application Date*.

For registrants who complete their VA Form 10-10EZ online, the date the form is completed online is to be entered into VistA as the *Enrollment Application Date*.

For beneficiaries who apply for enrollment in person, the date of the registrant's presence at the facility for the purpose of enrolling is to be entered into VistA as the *Enrollment Application Date*.

Rules...

* Enrollment Application Date cannot be a future date.
* Enrollment Application Date requires a precise date.
* Enrollment Application Date cannot be after the Date of Death.
* Enrollment Application Date cannot be prior to the Date of Birth.
* Enrollment Application Date cannot be prior to 10/01/1996.

Application Signature Date:

The *Application Signature Date* is the date of the application for enrollment was signed.

Rules...

* Application Signature Date cannot be a future date.
* Application Signature Date requires a precise date.
* Application Signature Date cannot be prior to the Date of Birth.
* Application Signature Date cannot be after the Date of Death.

Application Method:

The *Application Method* is means by which the application was filed. Choose from the dropdown.

Cancelled/Declined Indicator:

This indicates if Veteran either cancelled or declined enrollment in the VA Health Care system.

The choices are:

* Yes
* No
* No Data

Rules...

* *Enrollment Category* must be **Enrolled** or **In Process** in order to set the *Cancelled/Declined Indicator* to **Yes**.
* The Veteran's requests to cancel/decline enrollment must be provided to the HEC in writing.
* Veterans who decline or cancel enrollment are not eligible for care of nonservice-connected conditions; however, emergent care can be provided on a humanitarian basis.
* Veterans can reapply for enrollment at any time, however, they will be considered "new" registrants and enrollment will be based upon the current enrollment criteria.

Cancelled/Declined Effective Date:

*Cancelled/Declined Effective Date* is the date the Veteran requested, in writing, to cancel or decline enrollment. The system defaults to the current date.

Rules...

* Cancelled/Declined Effective Date is required when the Cancelled/Declined Indicator is set to **YES**.
* Cancelled/Declined Effective Date must be a precise date.

Cancelled/Declined Effective Date cannot...

* be a date prior to the Veteran’s *Date of Birth*.
* be a future date.
* be a date that is equal to or prior to the *Enrollment Application Date*.
* be after the *Date of Death*.

Reason Cancelled/Declined:

*Reason Cancelled/Declined* is defined as the reason why a Veteran has chosen to cancel or decline enrollment in the VA Health Care System.

This data is shared with VistA.

***More...***

Choices are:

* Other Insurance  – *Veteran is covered under other insurance*
* Other (when selected, Canceled/Declined Remarks field is required)
* Dissatisfied with VA Care  – Veteran is dissatisfied with the VA care s/he has received
* Geographic Access  – Veteran lives too far from a VA Health Care facility

Rules...

* Reason Cancelled/Declined is a required entry when Cancelled/Declined Indicator is **Yes**.
* When Reason Cancelled/Declined choice is **Other**, Canceled/Declined Remarks is a required field.

Reason Cancelled/Declined Not Processed:

*Reason Cancelled/ Declined Not Processed* is the reason the cancel decline request has not been processed by the HEC user. Select from the dropdown.

Rules...

* Reason Cancel/Declined Not Processed is not valid unless Canceled/Declined Indicator is **No**.

Cancelled/Declined Remarks:

*Cancelled/Decline Remarks* is a free-text explanation of the reason for cancelling or declining enrollment.

This data is shared with VistA.

Rules...

* *Canceled/Declined Remarks* cannot be greater than 60 characters.
* *Canceled/Declined Remarks* cannot be entered unless *Reason Canceled/Declined* is **Other**. It may also be left blank.

Enrollment Override:

*Enrollment Override* flag is defined as a flag that when set, will initiate the determination of a beneficiary's enrollment priority.

Item of special interest symbolThis flag can only be set by a HEC user.

More...

It is used in those cases where a beneficiary may have been incorrectly placed in a *Rejected*; *Stop New Enrollments* OR *Rejected; Below Enrollment Group Threshold Enrollment* status.

It could also be used when a beneficiary was incorrectly enrolled into a priority group that should be rejected.

Valid Responses are:

* Yes
* No

required field symbolEnrollment Override Reason:

This is the reason for the enrollment override. Select from the dropdown.

Rules...

* Enrollment Override Reason is required when Enrollment Override is **Yes**.

Enrollment Override Comments:

This is a free text comments area for the enrollment override.

Rules...

* *Enrollment Override Comments* cannot be greater than 80 characters.

**required field symbol** Indicates Required Field

### Facility

#### Facility

This screen lists facilities the beneficiary has visited along with information associated with each of those facilities. The white checkmark in the green square Preferred Facility indicates the beneficiary's preferred facility.

**Facilities SEND QUERY MESSAGE Z07 VIEW ALL HL7 MESSAGES**

VIEW ALL ARCHIVED HL7 MESSAGES

**VIEW** **SITE HL7 MESSAGES**

Primary Means Test Facility:

This indicates whether this site is the original Means Test facility (**Yes** or **No**).

Income Year:

The *Income Year* for the most current Means Test on file.

Number of Inpatient Days:

This is the number of days the beneficiary was an inpatient.

Date of Last Visit:

This is the beneficiary's last Outpatient Visit date to the medical facility.

Number of Outpatient Days:

This is the number of outpatient days the beneficiary had during the Means Test or Copay period.

Fee Basis Program Information

Fee Basis Program

The *Fee Basis Program* provides payment authorization for eligible beneficiaries to obtain outpatient medical treatment services through the private sector. Beneficiaries can obtain authorization for fee-based services by a VA healthcare provider when it has been determined that direct VA medical services are not available or geographically inaccessible to meet the beneficiary's treatment needs.

This displays any *Fee Basis Program Information* on file for the beneficiary.

Rules...

* The beneficiary may not have more than one current Fee Basis program of the same type per VAMC site.
* The beneficiary may have multiple Fee Basis programs of different types at the same VAMC site.
* S/he may also have multiple programs of the same type but with different start/end dates spanning several years.

More...

The Fee-Basis Program evolved from the Hometown Program. In December 1945, General Paul R. Hawley, Chief Medical Director, Veterans Administration, recognized that many admissions could be avoided by treating a Veteran (beneficiary)before they needed hospitalization. Therefore, General Hawley instituted a plan for "hometown" medical and dental care at government expense for Veterans (beneficiaries) with service-connected ailments. Under the "hometown" program, eligible Veterans (beneficiaries) could be treated in their community by a doctor or dentist of their choice. At the same time, a similar "hometown pharmacy" program was placed in operation where drugs could be purchased at government expense from the Veteran's (beneficiary's) local pharmacist as prescribed by their private physician.

Fee Basis Treatment Type

Short-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of short-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - No Fee Card Issued.

Long-term Fee-Basis - Beneficiary authorized treatment on a fee basis for specific treatment of long-term duration. Duration determined by authorizing VAMC, dependent upon resources available at that site - Fee ID Card Issued.

Fee Basis Authorization From Date

Effective date of Fee Status authorization

Fee Basis Authorization To Date

Termination date of Fee Status authorization

Fee Basis Report Date

Report Date is the date the update is received.

#### Send Query Message Z07

User may query one or all of the VA facilities that the beneficiary has previously visited to obtain updated information. Because *Income Year* is required, go to the **Financials** tab to determine the last income year on file before sending a query.

Facility:

A designated VA medical facility.

required field symbolIncome Year:

The *Income Year* for which the query is being made.

Rules...

* *Income Year* is a required field (Vista will not process a QRY~Z07 that has no income year supplied).

required field symbol Indicates Required Field

#### View Site/All Archived/All HL7 Messages

This log holds the detailed transmission information for each interface transmission sent or received. View Site HL7 Messages displays just the detailed transmission information for the particular site selected. View All Archived HL7 Messages displays the archived detailed transmission message log information for all the sites. These archived HL7 messages will be permanently deleted per an agreed upon schedule. View All HL7 Messages displays the detailed transmission information for all the sites the beneficiary has visited.

This Log is a system-generated file, based on the data within the interface message.

HL7 Message Log

Transmission Date

The date/time the transmission was made to this site or received from this site.

Status

The *Status* of this transmission. Acceptable values include:

* Awaiting acknowledgement = message transmitted and application level acknowledgement pending
* Awaiting transmission = message triggered and built but waiting to be sent out or processed in.
* Complete = message transmitted and application level acknowledgement received.
* Error = message transmitted and application or commit acknowledgement returned with an error.
* Not Transmitted = outbound message transmission/query attempted however after several tries (as defined by the DBA) the message was never successfully transmitted.
* Pending = set for query transmitted and awaiting requested message response.
* Retransmission Failed = number of retransmissions was exceeded without successful completion.
* Retransmit = message requires retransmission.

More...

*Status* is a system-generated field, based on the data within the interface message.

Message Type

Clicking the *Message Type* hyperlink provides the ability to view a message in a parsed state.

The HL7 *Message Type* defines its purpose, such as ORU (Observational Results Unsolicited), ORF (Observational Report Response), QRY (Query Message), etc.

Appropriate codes include:

* 'ACK', 'Acknowledgement'
* 'ORU~Z04', 'Insurance Data Transmission'
* 'ORU~Z05', 'Demographic Data Transmission'
* 'ORU~Z06', 'IVM Verified Means Test Transmission'
* 'ORU~Z07', 'Unsolicited Full Data Transmission'
* 'ORU~Z09', 'IVM Billing Collection Transmission'
* 'ORU~Z10', 'Unsolicited Income Test Data Trans'
* 'ORU~Z11', 'Unsolicited Eligibility/Enrollment Trans'
* 'ORU~Z12', 'Unsolicited Death from MVR'
* 'ORU~Z13', 'Unsolicited Lazarus from MVR'
* 'ORF~Z07', 'Solicited Full Data Transmission'
* 'ORF~Z10', 'Solicited Income Test Data Trans'
* 'ORF~Z11', 'Solicited Eligibility/Enrollment Trans'
* 'QRY~Z07', 'Full Data Transmission Query'
* 'QRY~Z10', 'Financial Query Transmission'
* 'QRY~Z11', 'Eligibility Query Transmission'.

Clicking the link displays to the user the message segments with their respective fields and the data associated with each of the fields.

Facility (View All Archived/All HL7 Messages)

The designated VAMC receiving *Facility*.

Raw Data

Clicking the View link presents the user with the raw delimited message segment data.

This is the unparsed data, material or information in its original transmitted format.

Transmission Details

Clicking the View link presents the user with the *Message Transmission Details* as illustrated below.

Example:

* Batch Message ID: 157989 - The Batch Message ID is the unique identifier for the batch in which this message was transmitted.
* Message ID: 157988 - The Message ID is defined as the unique number identifying this particular transmission. This is equal to the HL7 Message ID for HL7 transmissions.
* Message Type: ORUZ11-S - See *Message Type* above.
* Transmission Site: DAYTON- Transmission Site is the facility name and number either sending data to or receiving data from ES. It is the external system communicating with ES.
* Transmission Date: 11/02/2005 - See *Transmission Date* above.
* Transmission Status: Complete - See *Status* above.
* ACK Type: AA - What kind of ACK message was received. Values include:

**AA = Application Accept** - An acknowledgment message (ACK) indicates successful processing of the messages that were received. **AR = Application Reject** - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message structural problems, and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.) **AE = Application Error** - A negative acknowledgment (NACK) indicates one or more of the messages received could not be processed due to message data problems, and includes an error message that describes the specific problems with each message that failed. (Note, in general no data is loaded for the messages that failed, but any data for messages that did not fail will be loaded.)

Retransmit

This button allows the user to retransmit a message to the external system.

### Communications

The communications log contains information about letters that are scheduled to and have been sent to the Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. This screen allows users the ability to view historical letter communications for a single beneficiary as well as provide for the ability to cancel a letter, mail and remail specific letters.

#### Previously Mailed

Letter Mailed on Behalf of Veteran

Status Date

Indicates the date the letter was processed for mailing by the AITC (a.k.a. AAC).

*Status Date* is automatically set by the system anytime the Communication *Status* is modified.

Status

This indicates the current mailing status of the correspondence. Statuses include:

* Send to AAC
* Sent to AAC
* Mailed by HEC
* Reject at HEC
* This indicates the conditions to send the letter were not met or the letter did not meet the requirements to be sent.
* Reject by AAC
* Error by AAC
* Return by Post Office
* **NOTE:** When the *Communication Status* is manually set to *Returned by Post Office* and committed, the system automatically sets the *Bad Address Reason* to **Undeliverable Mail**, if the letter was sent to the *Permanent Address*.
* Mailed by AAC
* Sent to HEC Printer
* Address Changed and Mailed by AAC
* Cancel by HEC
* Send to CMS (Content Management System)
* Sent to CMS
* Rejected Address by CMS
* Error by CMS
* Mailed by CMS

Name

This is the name of the particular letter sent on behalf of the beneficiary.

User may click the *Name* link of the letter to enter the Letter Type Comments screen.

Type

This indicates the *Type* of letter. They are:

* General
* IVM - Income Verification Matching
* ENR - Enrollment
* MT - Means Test
* SSN - Social Security Number

Recipient

This is the individual to whom the letter was mailed.

Recipients are:

* Veteran
* Spouse
* POA

Select to Remail

The user may manually remail specific letters (by clicking on the Mail link) that have been previously sent to the beneficiary if the initial letter has a Communication *Status* that is NOT **Send to AAC** or **Sent to AAC**.

#### Available for Mailing

**Letters Eligible to be Mailed on behalf of Veteran**

**UPDATE VETERAN ADDRESS**

Name

This is the name of the particular letter eligible to be mailed on behalf of the beneficiary.

Type

This indicates the *Type* of letter. They are:

* General
* IVM - Income Verification Matching
* ENR - Enrollment
* MT - Means Test
* SSN - Social Security Number

Form Number

This is the number of the government or Federal form that is available for sending to the Veteran (beneficiary).

Select to Mail

If all the required fields are present, clicking the Mail hyperlink selects the letter to be sent for mailing by the mail center.

#### Letter Type Communications

Add Comments

Cancel Mailing:

Allows user to cancel a letter mailing by placing a check in the check box, entering any comments and then clicking the ***Update*** button.

Rules...

* Only letters with a *Communication Status* of **Send to AAC** (a.k.a. AITC) may be manually cancelled (change *Communications Status* to **Cancel By HEC**).

Undeliverable Mail:

This indicates that the letter was undeliverable and was *Returned by Post Office*.

Comments:

The user may enter a comment for each letter. This is free text with a maximum character length of 255.

**UPDATE VETERAN ADDRESS**

Communications Detail (Letter Type)

Case Number:

The *Case Number* is the workload number of the Veteran associated with the communication to be mailed.

Length: 9 (fixed)

Communication Status:

The only values that can be manually selected are **Cancelled By HEC** and **Return by Post Office**.

Date Mailed:

This is the date the correspondence was generated.

Item of special interest symbolThe date the correspondence is generated is not necessarily the date it will be mailed, although generally it's only 1 or 2 days after.

Recipient Type:

The *Recipient Type* is a category describing the person to whom a letter was addressed and mailed.

Appropriate values include:

* Veteran
* Spouse
* POA

HEC/AAC Reject Reason:

This is the reason the letter was rejected.

The *Reject Reason* received from HEC or AAC can be one or multiple reasons.

Bar Code ID:

The communication *Bar Code ID* is the system generated, unique identifier that may be printed on communications and/or used to uniquely identify a communication log entry, the associate workload event (if applicable), and the individual.

Status Date/Time:

*Status Date/Time* is automatically set by the system anytime the *Communication Status* is modified.

Remail Indicator:

The *Remail Indicator* is the status of a communication that was previously mailed.

The statuses are **Resend** and **Remailed**.

Mailing Address:

This is the current active address for the beneficiary.

Comments

Comment Date

This is the date *Comment* was entered.

Comment By

This is the user who entered the *Comment*.

Comment

This is the *Comment* entered by the user and the specified date.

Status History

Status Date/Time

Date/Time *Status* was last changed.

Status

What the Status was changed to on the Status Date/Time

#### Handbook Status

The VA proposed the capability to provide a *Veteran Benefits Handbook* containing eligibility and benefit information to the Veteran.

After an initial rollout period, the Handbook or Handbook Insert will be provided for new enrollments and whenever there is a change in Enrollment such as *Priority Group*.

The Handbook will be available to Veterans through mail or online via the MyHealth***e***Vet website. The default delivery preference for the Handbook is by mail. The delivery preference may be changed by HEC staff at the request of the Veteran. See the Delivery Preference section for more details.

The *Handbook Status* communications screen contains status information about Handbook communications that are scheduled to and have been sent to the Veteran. The user has the ability to mail a *Veteran Benefits Handbook* or to View the current and two historical Handbook communications for a Veteran.

item of special interest symbolA user must have the appropriate *Capability* added to their security *User Profile* in order to view and/or print the *Veteran Benefits Handbook* and the Benefits Profile data. See the *Roles* and *Capability Sets* sections under ***Admin*** for more information.

The system allows an authorized user the ability to *Mail* a *Patient Benefits Handbook* to the Veteran if there isn’t a *Patient Benefits Handbook* with a status of Send to CMS.

Mail Handbook

Communication Name

Indicates the name of the communication that is available for mailing.

Communication Type

Indicates the type of the communication that is available for mailing.

Select to Mail

Clicking on the Mail hyperlink allows an authorized user to mail a *Patient Benefits Handbook* to the Veteran, if there isn’t a *Patient Benefits Handbook* with a status of Send to CMS.

Veterans Health Benefits Handbook Status

Status Date

Indicates the date on which the *Veteran Benefits Handbook* or *Insert* status changed.

ID

Indicates the ID number assigned to the *Veteran Benefits Handbook* or *Insert* status change.

Version

Indicates the version of the communication.

Status

Indicates the current Veteran Benefits Handbook or Insert status. Statuses include:

* Send to CMS (Content Management System)

The ES has packaged the Veterans Benefits Parameters and it is ready to be sent to the CMS for processing. This status may be changed to Cancelled by HEC.

* Reject at HEC

Item of special interest symbol**Note:** The system will not send the Veterans Benefits Parameters file to the CMS under the following conditions:

A duplicate record exists.

Required field or fields are missing.

The Date of Death field is populated.

* Cancelled by HEC

Item of special interest symbol**Note:** The HEC will have the capability to manually update the *Status* to Cancelled by HEC only if the Veteran Benefits Communication (a.k.a. *Veteran Benefits Handbook* or *Insert*) being cancelled has a Status of Send to CMS.

* Sent to CMS

ES has sent the Veterans Benefits Parameters to the CMS for processing.

* Return by Post Office
* Error by CMS

The CMS has found a problem with the information (e.g. malformed data, or missing required data) provided from ESR, and the CMS could not create a Veterans Benefits Communications. The CMS will provide a Reject Reason. However, the CMS will NOT create the digital copies of the Veterans Benefits Communications.

* Rejected Address by CMS

The Veterans Bad Address Reason is populated or the address failed address validation. However, the CMS still creates the digital copies of the Veterans Benefits Communications.

* Mailed by CMS

The CMS has mailed the Veterans Benefits Communication to the Veteran.

The Publisher has successfully printed and mailed the Veterans Benefits Communications to the Veteran.

Communication Name

Indicates the name of the communication. Examples could include, *Veteran Benefits Handbook*, *Preferred Facility Insert*, etc.

Clicking the link takes the user to a *Handbook Communications Detail* screen where the status can be viewed in more detail. From this screen, the mailing can be cancelled, if not already sent. Comments may also be added, which includes a history of previous comments.

Veterans Handbook

Clicking on the View link enables the user to view a .pdf version of the *Veteran Benefits Handbook*. The browser must have the Adobe Reader® add-on installed to view the .pdf file.

The user may also Save or Print the .pdf file through their normal browser File settings.

Item of special interest symbolNotes: The system retains only the most current and two previous versions of the Veterans Handbook, Veterans Profile, and Raw Data. The Veterans Handbook, Veterans Profile, and Raw Data documents are only available for statuses of Mailed by CMS, Return by Post Office, and Rejected Address by CMS.

If the user does not have the appropriate *Capabilities* to View a *Veterans Handbook*, *Veterans Profile*, or *Raw Data*, the respective columns will not display.

Veterans Profile

Clicking on the View link enables the user to view the *Veteran Benefits Handbook* profile. The *Veterans Profile* is a summary view of the Veteran’s Benefits.

Raw Data

Clicking on the View link enables the user to view the *Veterans Profile* data in its raw format. This gives users a quick view of the benefit codes assigned to the Veteran without having to open the .pdf file.

#### Handbook Communications Detail

This screen is arrived at by clicking on the **Communication Name** link on the *Handbook Status* screen and allows the user with the appropriate *Capability* to cancel a Handbook Communication that has not yet been sent. The Status must be Send to CMS.

Add Comments

Cancel Mailing

To cancel a mailing that has a Status of Send to CMS, place a check in the *Cancel* check box.

Item of special interest symbolIf the Status is anything other than Send to CMS, the Cancel check box will not appear.

Comments

The user may enter a comment in the *Comments* text box. This is free text with a maximum character length of 255.

(Communication Type)

Additional detailed information is displayed here on the *Communication Type*.

Comments

A history of comments for the *Communication Type* is displayed here.

Status History

A history of statuses for the *Communication Type* is displayed here.

#### Delivery Preference

The VA proposed the capability to provide the Veteran with delivery preferences for the *Veteran Benefits Handbook*.

This functionality allows the delivery preferences to be accessible to HEC users who are authorized to access this functionality. The user will search for a specific Veteran and have the ability to view the delivery preferences, change the delivery preference from mail to online or from online to mail, input or edit an email address, and input or edit an email type.

After updating the changes to the delivery preferences, an email will be sent to the Veteran to acknowledge the change. The existing Confidential, Temporary, or Permanent addresses in ESR will be used as the mailing address for those who select the delivery preference of “mail.”

The user also has the ability to view the delivery preferences change history by clicking on the VIEW HISTORICAL DELIVERY PREFERENCES link. This information includes the name of the user who made the change, the change source (either HEC or Veteran Self Service), the information changed, and the date/time stamp when the change(s) were made.

Delivery Preferences VIEW HISTORICAL DELIVERY PREFERENCES

Delivery Preferences:

This is the delivery preference by which the Veteran wishes to receive the Veteran Benefits Handbook, either online or by mail. The default delivery preference is “Mail”.

Select from the dropdown.

Rules...

* The user cannot select an online delivery preference unless one printed copy of the handbook has been generated.

Email Address:

This is the email address to which a notification is sent informing the Veteran that the electronic version of their Veteran Benefits Handbook is available on the MyHealth***e***Vet website.

***More...***

This field is only active if “Online” is selected in the *Delivery Preference* field.

This email field is a separate and unique field from the email fields located on the *Demographics/Address* screen and will not be shared with sites the Veteran has visited.

Rules...

* If the *Delivery Preferences* selected is “Online”, an email address must be entered or exist.

Email Type:

The user may select either a “Private/Personal” or a “Business” email address.

More...

This field is only active if “Online” is selected in the *Delivery Preference* field.

#### VHIC Status *(Inactive – the VHIC APIs which populate these fields will become active in a future release)*

In February 2014, VA began issuing the Veterans Health Identification Card (VHIC) to newly enrolled Veterans and enrolled Veterans who were not previously issued the old Veteran Identification Card (VIC) but requested an identification card.

The VHIC replaces the Veteran Identification Card and is issued only to Veterans who are enrolled in the VA healthcare system.

The VHIC is for identification and check-in at VA appointments. It cannot be used as a credit card or an insurance card, and it does not authorize or pay for care at non-VA facilities.

The *VHIC Status* screen adds the ability for staff to be able to view the VHIC status information in the ES.

After the user clicks the ***QUERY VHIC*** button, ES sends a single VHIC ID and the VHIC service returns all historical data for all VHICs for the particular Veteran.

ES displays VHIC information fields as shown below.

ES does not store this information.

Current Veteran Health Identification Card Status

Card ID:

Displays the unique card identifier and is display only.

Card Print/Status Date:

Displays the card/print status date and is display only.

Reason:

This is the reason for the card request status/print status and is display only.

Card/Print Status:

Displays the VHIC Request Statuses and Print Statues and is display only.

Card Request Statuses include:

* Cancelled
* Hold
* Submitted
* Deactivated
* Expired

Print Status:

* Mailed
* Rejected

Card Expiration Date:

Displays the VHIC’s expiration date and is display only.

Total Cards Requested:

Displays the total VHICs requested per Veteran and is display only.

More...

* This value will only be displayed when the VHIC Card/Print Status is "Mailed".

Total Cards Mailed:

Displays the total VHICs mailed per Veteran and is display only.

More...

* This value will only be displayed when the VHIC Card/Print Status is "Mailed".

Veteran Health Identification Card Status History

Allows the user to view the VHIC history for all VHICs for a Veteran.

Card Print/Status Date:

Display only

Card ID:

Display only

Card/Print Status:

Display only

Reason:

Display only

Card Expiration Date:

Display only

### Affordable Care Act (ACA) Reporting

#### Reporting MEC to the IRS

In April 2016, the Veterans Health Administration (VHA) was mandated by legislation to report Minimum Essential Coverage (MEC) periods to the Internal Revenue Service (IRS) for all Veterans and Beneficiaries that were provided healthcare benefits in the previous tax year.

The reporting functionality is via electronic Web service submissions from the Enrollment System (ES) to the service provided by the IRS for purposes of ACA MEC reporting.

ES transmits the name, address, Social Security Number (SSN), Date of Birth (DOB) and the coverage month indicator for each month the person was in a valid status to receive benefits. Reporting is in whole month periods only; coverage for one day in a month is sufficient to report the entire month.

The transmission entries display the date, status, reported coverage period, and any error messages returned when the transmission is rejected by the IRS. (This information is not shared with VistA.)

**Note:** If no entries display on the page, the individual may not have been qualified for MEC in the previous tax year, or the individual may not have a record processed at the current time in ES.

#### IRS Transmissions

ES automatically selects all qualified Veterans and transmits the original submissions to the IRS, via ES background batch processes.

No end user involvement is required to transmit the population of all the Veteran records.

Individual transmission records are available to view and correct as they are completed. There is no need to wait for all of the processing to be completed.

#### Viewing IRS Reporting Results

The ACA Reporting sub tab is located under the Communications tab.

**Note:** In order to view the ACA Reporting sub tab, you must be granted permission. To request permission, contact the [Enrollment System (ES) Access Group<ESAccessGroup@va.gov>](mailto:ESAccessGroup@va.gov)

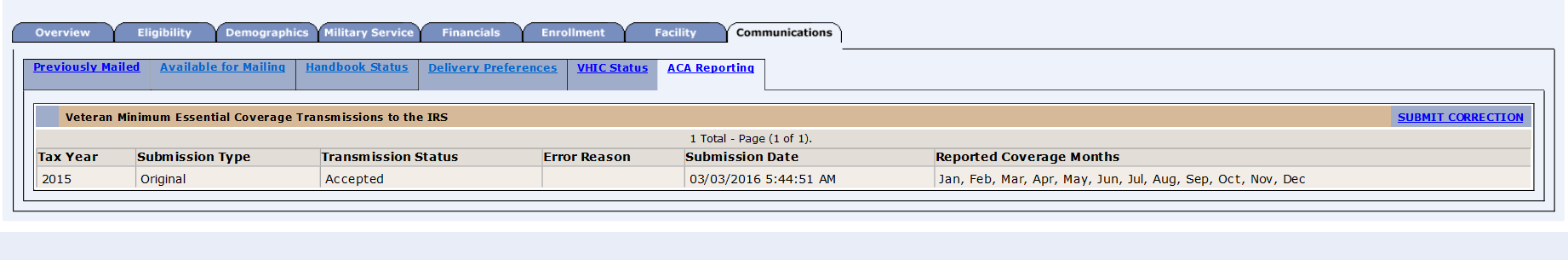


Figure : Person Search>Communication Log>Communications tab>ACA Reporting sub tab

Tax Year

Tax year is the year for which the Veteran qualified for Minimum Essential Coverage (MEC) and was reported to the IRS. A new entry is required for each tax year that a Veteran remains enrolled.

Submission Type

Submission type is the type of transaction reported with values marked as Original or Corrected.

Original

Original submission is the first transmission attempt sent for the Veteran for the previous tax year. Most records are only one entry and are marked as Original.

Correction

Correction submission is an Original submission that contains errors or was transmitted erroneously by the system. An Original submission must exist before a Correction transmission can be transmitted.

Replacement

Replacement submission occurs when a batch transmission that originally contained the record, fails and is replaced and retransmitted. A Replacement submission is the same as an Original submission.

Transmission Status

Processing

In the Processing transmission, the record was transmitted to the IRS and is pending acknowledgement and acceptance. Submissions may remain in a Processing status for up to 5 days before ES is informed of the final status.

Accepted

In the Accepted transmission, the record was transmitted to the IRS, was acknowledged as containing no errors, and was accepted as a valid report. Most transmissions result in an Accepted status.

Rejected

In the Rejected transmission, the record was received by the IRS, was found to have errors, and was returned, so that the errors could be corrected. The error description contains the reason Rejected.

**Note:** The end user is required to correct the error(s) and submit a corrected 1095B.

Expired

In the Expired transmission, the record remained in a Processing status for a period of time that exceeds the threshold required for final acknowledgement.

**Note:** OI&T resolve and retransmit Expired submission issues.

Batch Transmission Reject

In the batch transmission reject, the rejected record is part of a full batch that was Rejected or Failed.

**Note:** OI&T resolve and resubmit Batch submission errors.

Error Reason

The error reason is a description of the reason the transmission was Rejected by the IRS. The value is empty if no errors are reported.

The error reason is populated only for a transmission status of Rejected, where the IRS found an error on the submission. The field contains the error message returned by the IRS.

The error messages may be cryptic and not easily interpreted by end users. Contact the OI&T technical staff with any questions or for clarification on how to interpret or resolve errors that you do not understand.

Submission Date

Submission date is the date and time the record was transmitted to the IRS.

Reported Coverage Months

The Reported Coverage Months, as reported to the IRS, is a list containing the months of valid coverage for which the Veteran was evaluated and deemed qualified for MEC.

The Veteran needs to be entitled to healthcare benefits for at least one day in a month, for the month to qualify. For each month, you must select a value of Yes or No.  
 i.e., Veteran initially was Verified Enrolled PG1 on 4/15/2015, and cancelled/declined on 8/1/2015; the months reported are Apr, May, June, Jul, and Aug.

**Note:** Veteran’s address is transmitted along with the period of coverage. The user may correct the address using the Demographics screen.

## Exit System

Describe the actions necessary to properly exit the system

To exit the ES, click on the Sign Out link at the top of any page.

## Special Instructions for Error Correction

Describe all recovery and error correction procedures, including error conditions that may be generated and corrective actions that may need to be taken.

None

## Caveats and Exceptions

*If there are special actions the user must take to insure that data is properly saved or that some other function executes properly, describe those actions here. Include screen captures and descriptive narratives, if applicable.*None

# Project-Specific Scenarios

Prepare a scenario that applies the features of the tool to the specific environment and characteristics of the project. Prepare a detailed series of instructions (in non-technical terms) describing the procedures the user will need to follow to use the system. Following are examples of the type of information that might be included in the scenario:

* Detailed procedures to initiate system operation, including identification of job request forms or control statements and the input’s frequency, reason, origin, and medium for each type of output
* Illustrations of input formats
* Descriptions of input preparation rules
* Descriptions of output procedures identifying output formats and specifying the output’s purpose, frequency, options, media, and location
* Identification of all codes and abbreviations used in the system’s output
* Descriptions of the query and retrieval capabilities of the system. Use screen prints to depict examples.
* Depict and discuss all standard reports that can be generated by the system or internal to the user. Use screen prints as needed to depict examples of text under each heading.

## How Do I …

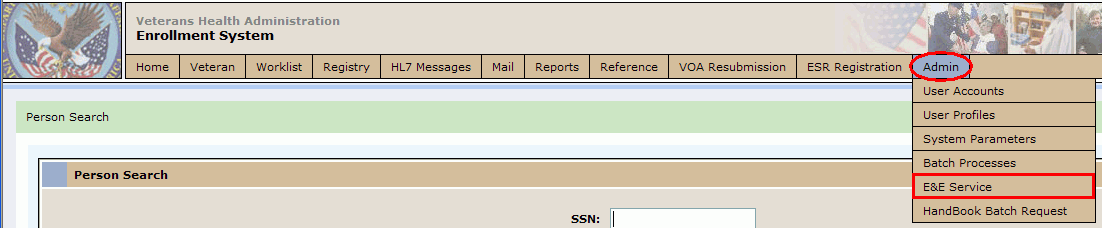
In this section are step-by-step instructions on how to perform basic common tasks in the ES.

item of special interest symbol**Important Note**: The various tasks listed below are not necessarily complete procedures in and of themselves. Some procedures require additional follow-up tasks in order to complete the entire eligibility and enrollment processing cycle. Please refer to the help text itself, other training materials, and/or your supervisor.

Tabs graphic

As an aid, the individual tasks have been categorized under the different "Tabs" as shown above in the ES where the functionality is located.

In this version of the online help, is a step-by-step procedure demonstrating how to use the *E&E Service* to add and update Service Accounts and Service Requests. See the *Admin/E&E Service* section Admin**/E&E Service**. As an aid, the individual task has been categorized under the particular "Button" (shown below) in the ES where the functionality is located.



**How do I ...**

**Overview**

This "Tab" displays an overview of the beneficiary's current information. See the [Overview](#Overview) section for more detailed information.

**Eligibility**

... change a Verified beneficiary from Non Service-Connected to Service-Connected?

In this scenario the beneficiary has a Primary Eligibility Code of NSC, no Secondary Eligibility Codes, no Service-Connected Percentage and an Eligibility Status of VERIFIED.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

*item of special interest symbol*If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

1. From the *Overview* screen click the Update Current Eligibility link to display the *Edit Current Eligibility* screen.
2. Enter your method for determining the beneficiary’s Service Connection in the *Eligibility Verification Method* field. This can be **HINQ**, **VBA, DD-214/DD-215** or **Rating Letter**.

*item of special interest symbolEligibility Verification Method* is required when *Eligibility Status* is **Verified**.

1. Enter a SC percentage between 0 and 100% in the *Service Connected* field.

*item of special interest symbol*Service Connected (%) is required when the Veteran has *Rated SC Disabilities* information.

1. Enter an *Effective Date of Combined Evaluation*. The *Effective Date of Combined Evaluation* is the date from which VA combined disability and related benefits may begin.

*item of special interest symbol*This date cannot be in the future and must be precise.

1. Click on the ***Add Rated SC Disabilities*** button to display the rated SC disabilities fields.
2. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.

*item of special interest symbol*The system automatically fills in the description based on the *Code* number entered.

1. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.
2. Enter a SC % between 0 and 100.

*item of special interest symbolRated Disabilities* are required when *Service Connected %* is zero or greater. A *Disability %* is required for each *Rated Disability* entered.

1. Enter in the *Original Effective Date* field the date the condition was originally determined to be service-connected.
2. Enter in the *Current Effective Date* field the date on which the rated disability was/is effective. This is the most recent date on which VBA establishes a new service-connected disability percentage for the particular diagnostic code.
3. Click the “Yes” radio button in the *Receiving VA Disability Compensation* field if the beneficiary is receiving disability compensation.
4. Enter an amount in the *Total Monthly Check Amount* field if the beneficiary is receiving disability compensation or a pension check.

*item of special interest symbol*The *Annual Check Amount* is system filled based on the amount entered in the *Total Monthly Check Amount* field.

1. Click ***Accept Changes*** button.

... update/change a beneficiary's Service-Connected (SC) percentage?

In this scenario the beneficiary has a *Primary Eligibility Code* of **SC** and an *Eligibility Status* of **VERIFIED**.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.
3. If a match is made, the system displays the beneficiary **Overview** screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **VERIFIED**. Also note the beneficiary’s *Enrollment Status* is **VERIFIED (Group 3)**. His *Primary Eligibility Code* is **SC LESS THAN 50%**.

1. From the **Overview** screen click the Update Current Eligibility link to display the **Edit Current Eligibility** screen.
2. Change/update the *Service Connected* percentage.
3. Update the *Effective Date of Combined Evaluation*.
4. Click the ***Rated Disabilities*** button to display the related fields.
5. Click the ***ADD RATED SC DISABILITIES*** button to add another rated disability.
6. Change the existing *Rated SC Disabilities* percentage as necessary. Change the *Current Effective Date*. Update the *Original Effective Date* if necessary.
7. Place a checkmark in the checkmark box under *Code* and enter the appropriate 4-digit code number for the SC condition.

item of special interest symbolThe system automatically fills in the description based on the *Code* number entered.

1. If appropriate, enter a *Diagnostic Extremity*. Choose from the dropdown.
2. Enter a SC % between 0 and 100.

item of special interest symbol*Rated Disabilities* are required when *Service Connected %* is zero or greater. A Disability % is required for each Rated Disability entered.

1. Enter in the *Original Effective Date* field the date the condition was originally determined to be service-connected.
2. Enter in the *Current Effective Date* field the date on which the rated disability was/is effective. This is the most recent date VBA established the new service-connected disability percentage for the particular diagnostic code.
3. Enter another *Rated SC Disability* by repeating steps 10 - 14.
4. Change the *Total Monthly Check Amount* that would correspond with the increase in the SC %.

item of special interest symbolNotice the *Annual Check Amount* is system calculated.

1. To view the impact the updates would make without committing the changes, click the ***Review Impact*** button.

item of special interest symbolFrom the **Eligibility Edit Review Page**, you can see the *Primary Eligibility Code* percentage changed as did the *Enrollment Priority* and the *Service Connected (%)*.

1. If the changes look OK, you can click the ***Accept Changes*** button to accept the changes. Otherwise, click the ***Discard Changes*** button to cancel the changes and start over if desired.

If the ***Accept Changes*** button is clicked, you will now notice the new updates in the **Current Eligibility** summary as well as the **Rated SC Disabilities** summary for the beneficiary.

item of special interest symbolWhen the system recalculates the Service Connected percentage, it may not equal the combined rated SC Disabilities because these percentages are calculated from a Combined Rating Table in which some Rated SC Disabilities are given a greater or lesser weighted value for the same SC percentage number when compared to other Rated SC Disabilities.

... confirm a Veteran's Purple Heart status with previously unacceptable documentation?

In this scenario the Veteran has a *Primary Eligibility Code* of **PURPLE HEART RECIPIENT** with previously unacceptable documentation and an *Eligibility Status* of **Verified**.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolWhile the *Primary Eligibility Code* says **PURPLE HEART RECIPIENT** and the *Eligibility Status* says **Verified**, the *Enrollment Status* for this patient says **Pending (Group 3)**, which indicates this beneficiary’s PH has not been verified. Also note **Open Work Items** is present.

1. Click on the ELIGIBILITY link to display the *Current Eligibility* screen.
2. From the *Current Eligibility* screen, click the EDIT PURPLE HEART link.

item of special interest symbolNotice the *Purple Heart Status* indicates **Initial Ltr Sent**. When the *Document Acceptable* indicator is set to **No** and the changes are committed, the system automatically sets the *PH Status* to **Initial Ltr Sent**.

1. In the *Document Receipt* section of the *Edit Purple Heart* screen, select a *Document Type* from the dropdown.
2. Select a *Data Source* from the dropdown.
3. Select the “Yes” radio button for *Document Acceptable*.
4. Click the ***UPDATE*** button to update the PH documentation.
5. The *Current Eligibility* screen appears with a "Purple Heart updated successfully." message.

item of special interest symbol**Open Work Items** is no longer present. The *Work Item* closes on confirmed or rejected PH updates. Notice now the *Enrollment Status* for this patient says **Verified (Group 3)**, which indicates this beneficiary’s PH has been verified.

... confirm a Veteran's Purple Heart update when the site enters the PH status?

In this scenario the Veteran has a *Primary Eligibility Code* of **PURPLE HEART RECIPIENT** and a PH status is received from the site.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.
3. If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolWhile the *Primary Eligibility Code* says **PURPLE HEART RECIPIENT** and the *Eligibility Status* says **Verified**, the *Enrollment Status* for this patient says **Pending (Group 3)**, which indicates this beneficiary’s PH has not been verified. Also note **Open Work Items** is present.

1. From the *Overview* screen, click on the ELIGIBILITY link to display the *Current Eligibility* screen under the **Eligibility** tab.
2. From the *Current Eligibility* screen, click the EDIT PURPLE HEART link to display the *Edit Purple Heart* screen.
3. For *Assigned LAS*, assign yourself. Select from the dropdown.
4. Click the ***LOG NEW DOCUMENT*** button to log a new document.
5. In the *Document Receipt* section, select a *Document Type* from the dropdown.
6. Select a *Data Source* from the dropdown.
7. Select the “Yes” radio button for *Document Acceptable*.
8. Click the ***UPDATE*** button to update the PH documentation.
9. The *Current Eligibility* screen appears with a "Purple Heart added successfully." message.

item of special interest symbol**Open Work Items** is no longer present. The *Work Item* closes on confirmed or rejected PH updates.

item of special interest symbolNotice now the *Enrollment Status* for this beneficiary says **Verified (Group 3)**, which indicates this beneficiary’s PH has been verified

... change a beneficiary's Eligibility Status from Eligible to Ineligible?

In this scenario we're going to change a beneficiary's Eligibility Status from Eligible to Ineligible.

1. Log into the system by entering VA authentication credentials at the single sign-on portal and checking the Accept Agreement checkbox on the ES entry page.
2. From the Person Search screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary Overview screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**.

1. From the *Overview* screen click the Update Current Eligibility link to display the **Edit Current Eligibility** screen.
2. From the **Edit Current Eligibility** screen, click the ***Change Indicator to No*** button for the *Veteran Indicator*.
3. Leave the *Eligibility Status* as **Verified**.
4. For *Eligibility Verification Method*, enter the way or how the user verified the eligibility of the applicant.
5. Example may be “DD-214 at 644.” etc.
6. Enter a date in the *Ineligible Date* field.
7. Enter a reason in the *Ineligible Reason* field.

item of special interest symbolThis field is required when there is an *Ineligible Date* entered. Example would be “DVA per VARO.”

1. If available, enter the VARO station number and the date of decision in the *Ineligible VARO Decision* field.

item of special interest symbolThis field is required if an *Ineligible Date* is entered.

1. To view the impact the updates would make without committing the changes, click the ***Review Impact*** button.

item of special interest symbolFrom the **Eligibility Edit Review Page**, you can see the *Current Status* and the *Proposed Status*. If the changes look OK, you can click the ***Accept Changes*** button to accept the changes. Otherwise, click the ***Discard Changes*** button to cancel the changes and start over if desired.

If the ***Accept Changes*** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **NOT ELIGIBLE**.

... change a beneficiary's Eligibility Status from Ineligible to Eligible?

In this scenario we're going to change a beneficiary's Eligibility Status from Ineligible to Eligible.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **Humanitarian Emergency**. Also note the beneficiary’s *Enrollment Status* is **Not Eligible**.

1. From the *Overview* screen click the Update Current Eligibility link to display the *Edit Current Eligibility* screen.
2. On the *Edit Current Eligibility* screen, change the *Veteran Indicator* to **Yes** by clicking the ***CHANGE INDICATOR TO YES*** button.

item of special interest symbolNotice that *Rated SC Disabilities* field is now available because the *Veteran Indicator* has been changed to **Yes**.

1. Leave the *Eligibility Status* as **Verified**.
2. Enter an *Eligibility Status Date*.
3. Enter an Eligibility Verification Method as appropriate.
4. If there is a date in the Ineligible Date field, delete it.

item of special interest symbolDeleting an *Ineligible Date* will automatically delete the *Ineligible Reason* and the *Ineligible VARO Decision* fields.

1. To view the impact the updates would make without committing the changes, click the ***Review Impact*** button.

item of special interest symbolFrom the *Eligibility Edit Review* screen, you can see the *Current Status* and the *Proposed Status*. If the changes look OK, you may click the ***Accept Changes*** button to accept the changes. Otherwise, click the ***Discard Changes*** button to cancel the changes and start over if desired.

If the ***Accept Changes*** button is clicked, the *Enrollment Status* on the yellow quick status bar will display **PENDING**. It’s pending because the beneficiary does not have a Means Test on file.

... update a beneficiary's Ionized Radiation (Radiation Exposure Method)?

In this scenario we're going to update a beneficiary's Ionized Radiation (Radiation Exposure Method).

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary Overview screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary’s *Enrollment Status* is **PENDING**, due to having no current income test data on file.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.
2. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
3. Make a selection from the *Radiation Exposure Method* field dropdown.
4. To review the impact, click the ***Review Impact*** button.

item of special interest symbolFrom the *Eligibility Edit Review Page* you’ll see **Radiation Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.

1. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes.

The *Current Eligibility* summary screen under the **Eligibility** tab appears and you’ll notice **Radiation Exposure** appears under the **Other Eligibility Factors** section.

item of special interest symbolThe beneficiary's *Enrollment Status* remains **Pending** because no current income information is on file. Veterans exposed to radiation with a *Radiation Exposure Method* of **Nagasaki/Hiroshima** and/or **Atmospheric Testing** are entitled to enrollment into Priority Group 6 unless they qualify for a higher Priority Group.

... update a beneficiary's Agent Orange Exposure Location to Vietnam?

**Item of special interest symbolImportant Note:** As long as the Agent Orange Special Treatment Authority remains in effect, Veterans with an exposure location of Vietnam will be placed in PG 6 (or higher). If the law is expired, this Veteran’s *Enrollment Status* will remain **REJECTED (GROUP 8G)**.

In this scenario we're going to update a beneficiary's Agent Orange Exposure Location to Vietnam.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**. His Primary Eligibility Code is **NSC**. Also note the beneficiary’s *Enrollment Status* is **REJECTED (GROUP 8G)**.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.
2. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
3. Select **Vietnam** from the *Agent Orange Exposure Location* field dropdown.
4. To review the impact, click the ***Review Impact*** button.

item of special interest symbolFrom the *Eligibility Edit Review Page* you’ll see **Agent Orange Exposure** under the **Proposed Status** column on the *Other Eligibility Factors* row.

Also note the *Enrollment Status*changed from **Rejected; Below Enrollment Group Threshold** to **Verified** and the *Enrollment Priority*changed from **Group** **8G** to **6**.

1. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes.

The *Current Eligibility* screen under the **Eligibility** tabappears and you’ll notice the *Agent Orange Exposure Location* selected appears under the **Other Eligibility Factors** section.

... update a beneficiary's Agent Orange Exposure Location to Other than Vietnam?

In this scenario we're going to update a beneficiary's Agent Orange Exposure Location to Other than Vietnam.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary’s *Enrollment Status* is **PENDING**, due to having no current income test data on file.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit Current Eligibility* screen.
2. Scroll down to and click on the Other Eligibility Factors link to display the additional fields, if not already displayed.
3. Make a selection from the *Agent Orange Exposure Location* field dropdown.
4. To review the impact, click the ***Review Impact*** button.

item of special interest symbolFrom the *Eligibility Edit Review Page* you’ll see **Agent Orange Exposure** under the *Proposed Status* column on the **Other Eligibility Factors** row.

1. If everything looks acceptable, click the ***Accept Changes*** button at the bottom of the page to commit the changes.

The *Current Eligibility* screen under the **Eligibility** tab appears and you’ll notice the **Agent Orange Exposure Location** selected appears under the **Other Eligibility Factors** section.

item of special interest symbolThe beneficiary's *Enrollment Status* remains **Pending** because no current income information is on file. Veterans exposed to Agent Orange at locations **Other** than Vietnam have no effect on Enrollment Prioritization.

... change a beneficiary's SW Asia Conditions indicator?

**Item of special interest symbolImportant Note:** As long as the *SW Asia Conditions Special Treatment Authority* remains in effect, Veterans with a *SW Indicator* of **Yes** will be placed in PG 6 (or higher). If the law is expired, this Veteran’s *Enrollment Status* will remain **REJECTED (GROUP 8G)**.

In this scenario we're going to learn how to change a beneficiary’s *SW Asia Conditions* indicator.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified** and their *Enrollment Status* is **REJECTED (GROUP 8G)**.

item of special interest symbolWhat’s also important to note is that changing a beneficiary’s eligibility *SW Asia Condition* indicator to **Yes** will not change the beneficiary’s Priority Group if s/he already qualifies for a higher Priority Group.

Example: If the beneficiary is already in a Priority Group 5 or higher (lower number), changing the beneficiary’s eligibility *SW Asia Condition* indicator to **Yes** will not change the Priority Group to a 6. The Priority Group will only change to a 6 if the beneficiary is in a lower Priority Group than 6 (higher number).

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link to display the *Edit* *Current Eligibility* screen.
2. Scroll down to the bottom of the *Edit* *Current Eligibility* screen.
3. If not already expanded, click on the Other Eligibility Factors link to expand it. If already expanded, click the **Yes** radio button for the *SW Asia Conditions* field.
4. When finished, click the ***Review Impact*** button.

After clicking the ***Review Impact*** button, the system displays the *Eligibility Edit Review Page*. Note that **SW Asia Conditions** displays under the **Proposed Status** column for the *Other Eligibility Factors* field.

The beneficiary’s *Enrollment Status* will change from **Rejected; Below Enrollment Group Threshold** to **Verified**.

item of special interest symbolMore importantly, note the *Enrollment Priority* will change from **Group 8g** to **Group 6**.

1. If the changes are acceptable, click the ***Accept Changes*** button to accept the changes.

The *Current Eligibility* screendisplays with the new *Enrollment Status* of **VERIFIED (Group 6)**.

1. Scroll down the *Current Eligibility* page.

item of special interest symbolNote the new Eligibility Factor of SW Asia Conditions under Other Eligibility Factors.

... add Pension information?

In this scenario we're going to add Pension information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's *Enrollment Status* can be any number.

**Note**: Veterans in receipt of VA pension benefits will be enrolled in Priority Group (PG) 5 and will be exempt from all copays, unless qualifying for a higher (lower number) PG based on other eligibilities.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

The Edit Current Eligibility screen displays.

1. On the *Edit Current Eligibility* screen, click the "Yes" radio button for the *VA Pension* field.
2. Enter a precise date in the *Pension Award Effective Date* field.

See the ***Rules* ...** in the online help or the user manual for this field for additional date restrictions.

1. Enter a *Pension Award Reason* from the dropdown.

The Receiving VA Disability Compensation field should indicate "No".

1. Enter a Total Monthly Check Amount in dollars.

The *Annual Check Amount* field will be calculated based on the amount in the *Total Monthly Check Amount* field.

1. To see the impact of the changes without committing them, click the ***Review Impact*** button.
2. When completed, click the ***Accept Changes*** button to commit the changes.

The system returns to the *Current Eligibility* screen.

**Note**: The change can be verified by noting the *Primary Eligibility Cod*e is now "NSC, VA Pension" and there is a dollar amount for the *Annual Check Amount*. The Veteran's *Enrollment Status PG* will be 5, unless other eligibilities qualify the Veteran for a higher PG (lower number).

... remove Pension information?

In this scenario we're going to remove Pension information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreemen*t checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's **Enrollment Status** Priority Group (PG) should be 5, unless another eligibility qualifies the Veteran for a higher (lower number) PG. The Veteran's *Primary Eligibility Code* should be "NSC, VA Pension", and there should be a dollar amount for the *Annual Check Amount* on the *Current Eligibility* screen.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

The Edit Current Eligibility screen displays.

1. On the *Edit Current Eligibility* screen, click the "No" radio button for the *VA Pension* field.

The *Pension Award* ... fields will be grayed out and additional *Pension Termination* ... fields will appear.

1. Enter a precise date in the *Pension Termination Date* field.

See the ***Rules* ...** in the online help or the user manual for this field for additional date restrictions.

1. Enter a Pension Termination Reason 1 from the dropdown.
2. Make sure the *Receiving VA Disability Compensation* field indicates "No".
3. Remove the Total Monthly Check Amount.

The *Annual Check Amount* field amount will be cleared by the system.

1. When completed, click the ***Accept Changes*** button.

The system returns to the *Current Eligibility* screen.

**Note**: The change can be verified by noting the *Primary Eligibility* Code is now "NSC" and there is no dollar amount for the *Annual Check Amount*. The **Enrollment Status** PG should also be lower (higher number) unless the Veteran has another eligibility qualifying him or her for a higher (lower number) priority.

... add Prisoner of War (POW) information?

In this scenario we're going to add Prisoner of War (POW) information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Nam*e, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's **Enrollment Status** can be any PG. However, if the PG is 4 or lower (higher number), it will change to PG 3 after the system accepts the POW data.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

The Edit Current Eligibility screen displays.

1. From the *Edit Current Eligibility* screen, click on the ***Add POW Episode*** button.

Additional POW fields display.

1. For the *POW Source* field, select from the dropdown.
2. For the *Document Type* field, select from the dropdown.
3. For the *Capture Date* field, enter at least a month and a year.

See the in the online help or the user manual for this field for additional date restrictions.

1. For the ***Rules* ...** *Release Date* field, enter at least a month and a year.

See the ***Rules* ...** in the online help or the user manual for this field for additional date restrictions.

**Note**: The system will calculate the *Days of Captivity* field if precise dates are entered for the capture and release dates. Otherwise, it will remain blank.

1. For the *Confinement Location* field, select from the dropdown.
2. For the *Camp* field, select from the dropdown.

The system will calculate and system fill the *Camp Code* and *Camp City* based on the *Confinement Location* selected.

1. When completed, click the ***Accept Changes*** button.

The system returns to the *Current Eligibility* screen.

**Note**: The change can be verified by noting the *Primary Eligibility Code* is now "Prisoner of War" and the Veteran's **Enrollment Status** has changed to PG 3 (if previously in a lower priority (higher number).

... input Allied Veteran information?

In this scenario we're going to input Allied Veteran information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

**Note**: The beneficiary's **Enrollment Status** is "Pending".

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link.

The Edit Current Eligibility screen displays.

1. From the *Edit Current Eligibility* screen, for the *Veteran Indicator* field, click the button that says, ***Change Indicator to No***.
2. Change the *Eligibility Status* field selected to **Verified**.
3. The *Eligibility Status Date* field defaults to the current date, but may be changed.

This date cannot be a future date and is required when a valid *Eligibility Status* is selected.

See the for this field under the field name in the online help or the user manual for more ***Rules* ...** restrictions.

1. Enter "Consulate Letter" or other valid verification method in the *Eligibility Verification Method* field.
2. Under the **Non-Veteran Eligibility Codes** section, make a selection from the dropdown for the *Allied Veteran Country* field.
3. When finished, click either the ***Review Impac*t** or the ***Accept Changes*** button.

The *Select Period Of Service* screen displays when a user has manually changed the Veteran Indicator from "Yes" to "No", (making a veteran a non-veteran) and clicks the ***Accept Changes*** button.

1. Select a *Period of Service* from the dropdown.
2. When finished, click the ***Update*** button.

The *Current Eligibility* screen displays with the changes visible.

The **Primary Eligibility Code** should now be "Allied Veteran" and the **Enrollment Status** should be "Not Applicable", or, if an *Ineligible Date* and *Ineligible Reason* were entered, "Not Eligible". The *Eligibility Status* will now be **Verified**.

... remove a Purple Heart (PH) entered in error?

In this scenario we're going to remove a Purple Heart (PH) entered in error.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's **Enrollment Status** should be PG 3 (PH) and his *Primary Eligibility Code* should be "Purple Heart Recipient". After removal of the PH data, the **Enrollment Status** should be lower (higher number) unless the Veteran has another eligibility placing him in a higher priority.

1. From the *Overview* screen, begin by clicking the **Eligibility** tab.

The *Current Eligibility* screen displays.

1. From the *Current Eligibility* screen, click on the Edit Purple Heart link.

The *Edit Purple Heart* screen displays.

1. On the *Edit Purple Heart* screen, select the appropriate individual from the dropdown for the *Assigned LAS* field.
2. For the *Rejected Remarks* field, select "Entered in Error" from the dropdown.
3. When completed, click the ***Update*** button at the bottom of the screen.

The system returns to the *Current Eligibility* screen with a confirmation message that the Purple Heart was updated successfully.

**Note**: The change can be verified by noting the *Primary Eligibility Code* is no longer "Purple Heart Recipient" and the Veteran's **Enrollment Status** has changed from PG 3 to a lower priority (higher number) unless there are other eligibilities that would qualify the Veteran for a higher priority.

The PH listing is also no longer displayed under the **Secondary Eligibility Codes** section of the *Current Eligibility* screen.

... update Veteran Discharge Due to Disability information?

In this scenario we're going to update a Veteran's Discharge Due to Disability information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

**Note**: The beneficiary's **Eligibility Status** is Verified (Group 8A). It can be higher, but to see the effects of the discharge due to disability change, it should be lower (higher number) than 3.

1. From the *Overview* screen, begin by clicking the Update Current Eligibility link to go directly to the *Edit Current Eligibility* screen.

On the *Edit Current Eligibility* screen, the *Veteran Indicator* should indicate "Yes".

1. In the **Other Eligibility Factors** section, change the *Discharge Due to Disability* field indicator from "No Data" or "No" to "Yes".
2. When finished, click either the ***Review Impact*** or the ***Accept Changes*** button.

The **Enrollment Status** should now indicate Verified (Group 3).

**Demographics**

... enter a beneficiary's Date of Death?

In this scenario we're going to enter a beneficiary's Date of Death.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s Eligibility Status is Verified. His Primary Eligibility Code is NSC. Also note the beneficiary’s Enrollment Status is Pending. The Enrollment Status is Pending because the beneficiary does not have a current Financial Assessment on file.

1. From the *Overview* screen, click the Update Date of Death link to display the *Personal* screen under the **Demographics** tab.
2. On the *Personal* screen, enter a date in the *Date of Death* field.

item of special interest symbolNotice that the *Death Notification Source* (required if *Date of Death* field populated) and *Death Notification Site* fields appeared because a Date of Death was entered.

1. From the *Death Notification Source* (required) dropdown, make a selection.
2. Choose a *Death Notification Site* (not required) from the dropdown if appropriate.
3. To commit the changes, click the ***Update*** button.

item of special interest symbolThe *Overview* screen under the **Demographics** tab will display and you should see a message indicating the person was updated successfully. You will note that the *Date of Death Status* under *Update Personal* indicates **Deceased**.

... remove a beneficiary's Date of Death?

In this scenario we're going to remove a beneficiary's Date of Death.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**. Also note the beneficiary’s Enrollment Status is **DECEASED (GROUP 6)**. Notice the DOD in the yellow status bar.

1. From the *Overview* screen, begin by clicking the Update Date of Death link to display the *Personal* screen under **Demographics**.
2. Scroll down to the *Date of Death* field and delete the date.

item of special interest symbolNotice that when the *Date of Death* is deleted, the system also deletes the *Death Notification Source* and the *Death Notification Site*.

1. After deleting the date, click the ***Update*** button at the bottom of the screen.

The *Personal* screen under **Demographics** appears with an *…updated successfully message*.

item of special interest symbolThe *Enrollment Status* now reads **PENDING** and the *Date of Death Status* is **Alive**.

The *Enrollment Status* is **PENDING** because the beneficiary does not have a current Financial Assessment on file.

The beneficiary must complete a Financial Assessment and upon completion, will be placed in the applicable Priority Group.

... set the Bad Address Reason for a beneficiary's address?

In this scenario we're going to learn how to set the *Bad Address Reason* for a beneficiary's permanent address.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**.

1. From the *Overview* page, begin by clicking the Update Mailing Address link to display the *Permanent Mailing Address* page.
2. From the *Permanent Mailing Address* page, make a selection from the dropdown for the *Bad Address Reason* field.
3. For the optional *Source of Change*, the user may make a selection from the dropdown, if different from what may already be there.

item of special interest symbolIf **VAMC** is selected, the user may then select a site from the *Site of Change* dropdown or leave it as **Health Eligibility Center**.

1. When finished, click the ***Update*** button.

item of special interest symbolAfter clicking the ***Update*** button, the system displays the *Overview* screen under **Demographics** and an “Address updated successfully.” message displays. You’ll notice that there is now a *Bad Address Reason* of “XXXXXXXX” in the Update Mailing Address section of the page.

... update a beneficiary's Permanent Mailing Address information?

In this scenario we're going to update a beneficiary's *Permanent Mailing Address* information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified**. His *Primary Eligibility Code* is **NSC**.

1. From the *Overview* page, begin by clicking the Update Mailing Address link to display the *Permanent Mailing Address* page.
2. If necessary, change the *Country* default from the **United States**.
3. Update the information in *Address Line 1* as necessary. Use *Address Line 2* for apartment numbers, if necessary.
4. Update the required *Zip Code*, as necessary.

item of special interest symbolWhen a valid zip code is entered, the system populates the *City*, *State*, and *County* fields. If more than one city exists for a particular zip code, the system displays a dropdown list from which the desired city may be selected.

If the *City* and/or *State* does not match up with a valid *Zip Code*, an error message displays. Check to make sure your data is correct.

1. Make any other additions/updates as necessary such as *Phone Numbers* and/or *Email Addresses*.
2. When finished, click the ***Update*** button. To return to the original information, click the ***Reset*** button. To cancel out of the screen altogether, click the ***Cancel*** button to return to the *Overview* screen within **Demographics**.

item of special interest symbolAfter clicking the ***Update*** button, the system displays the *Overview* screen under **Demographics** and an “**Address updated successfully**.” message displays. Verify the updated information.

... update a Veteran's Preferred Facility in the VA Health Care System?

In this scenario we're going to update a Veteran's Preferred Facility in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

1. From the *Overview* page, begin by clicking the **Demographics** tab to display the Demographics/Overview screen.
2. From the *Demographics/Overview* screen, click on the **Personal** "sub-tab" to display the *Personal* screen.
3. In the *Personal* screen, find the *Preferred Facility* field and click on the dropdown and select a new preferred facility.
4. When finished, click the ***Update*** button.

The system will return you to the *Demographics/Overview* screen with a message that your update was successful.

1. To verify your change in preferred facility was successful, click on the **Facility** tab.

The *Facilities* screen lists the Veteran's preferred facility. Look for a facility with a white check mark in a green box next to it. This indicates the Veteran's preferred facility.

**Military Service**

…add new Military Service information?

In this scenario we're going to edit existing and add new Military Service information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The Veteran's **Enrollment Status** can be any Priority Group (PG) or "Pending".

1. From the *Overview* screen, begin by clicking the **Military Service** tab.
2. From the *Current Military Service* screen, update an existing Military Service Episode (MSE) by changing one or more existing fields.
3. When completed, click the ***UPDATE*** button.

The *Current Military Service* screen refreshes with a confirmation message.

1. To add a new Military Service Episode (MSE), click on the ***Add Military Service Episode*** button.

**Note**: There can be more than one MSE, but the MSE dates cannot overlap.

A blank set of MSE fields will display under an existing MSE or MSEs, or alone if none already exist.

1. On the *Current Military Service* screen, enter data in the *Military Service Number* field either manually or by clicking the ***Same As SSN*** button.
2. Select a *Branch of Service* from the dropdown.
3. Enter a precise *Service Entry Date* for the MSE.

See the ***Rules* ...** for this field under the field name in the online help or the user manual.

1. Enter a precise *Service Separation Date* for the MSE.

See the ***Rules* ...** for this field under the field name in the online help or the user manual.

1. Select a *Service Component* from the dropdown.
2. Select the appropriate *Discharge Type* from the dropdown.
3. When finished, click the ***Update*** button to add the new MSE.

The ***Reset*** button clears the previously entered data allowing the user to start over.

The system will display the newly added MSE with a message that your update was successful. Be sure to click the ***Calculate POS*** button again to recalculate the new POS for the new MSE, then click the ***Update*** button again to record the recalculated POS.

**Notes**: If the new MSE is within the same POS as the most recent POS, the system will display a message that "*the data you submitted did not change, so no updates were performed.*"

An existing MSE under the *Military Service Episodes* HEC section of the *Current Military Service* screen may be edited by changing any of the fields. However, the same overlapping date rules apply as before.

…update Combat Veteran information?

In this scenario we're going to update Combat Veteran information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

**Note**: The beneficiary's **Enrollment Status** is "Verified (Group #)".

1. From the Overview screen, begin by clicking the Military Service link to display the *Current Military Service* screen.
2. From the *Current Military Service* screen, begin by clicking on the ***Add OEF/OIF Combat Episode*** button.
3. Under the *Combat Location* field, select the appropriate choice from the dropdown that falls completely within a single *Military Service Episode*.
4. Enter a precise *Combat Start Date*.

The *Combat Start Date* or *Combat End Dates* must fall within a single *Military Service Episode*. Additional restrictions can be found under the "***Rules* ...**" for this field in the online help or in the current **ES User Guide**.

1. Enter a precise *Combat End Date*.

The same restrictions apply to this date as they do for the *Combat Start Date*.

1. Select the appropriate *Combat Pay Type* from the dropdown.

The system defaults to "CEV" for the *OEF/OIF Source*.

1. Under the **Military Service Episodes HEC** section of the *Current Military Service* screen, click on the ***Add Military Service Episode*** button to begin adding a military service episode.
2. For the *Military Service Number* field, the user may either enter a *Military Service Number* manually or click on the ***Same as SSN*** button.
3. Select the desired *Branch of Service* from the dropdown.
4. Enter a precise *Service Entry Date*.

Read the "***Rules* ...**" in the online help under this field or in the current **ES User Manual** for specifics on the allowable dates.

1. Enter a precise Service Separation Date.

Read the "***Rules* ...**" in the online help under this field or in the current **ES User Manual** for specifics on the allowable dates.

1. Select a *Service Component* from the dropdown.
2. Select a *Discharge Type* from the dropdown.
3. Under the **Period of Service** section, click the ***Calculate POS*** button to have the system calculate the period of service based on the *Military Service Episodes* entered.
4. When finished, click the ***Update*** button to record the entries.

Be sure to click the ***Calculate POS*** button again to recalculate the new HEC POS after adding the new MSE to the record, then click the ***Update*** button to record the new HEC POS.

The added or updated combat information can be verified by clicking the View Historical Military Service link and reviewing the changes/updates.

…update a Veteran's Period of Service (POS) information?

In this scenario we're going to update a Veteran's period of Service (POS) information.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

**Note**: The beneficiary's **Enrollment Status** is "Verified (Group #)".

1. From the *Overview* screen, begin by clicking the Military Service link to display the *Current Military Service* screen.
2. Under the **Military Service Episodes HEC** section of the *Current Military Service* screen, click on the ***Add Military Service Episode*** button to begin adding a military service episode.
3. For the *Military Service Number* field, click on the ***Same as SSN*** button, or enter it manually.
4. Select the desired *Branch of Service* from the dropdown.
5. Enter a precise *Service Entry Date*.

Read the "***Rules* ...**" in the online help under this field or in the current **ES User Manual** for specifics on the allowable dates.

1. Enter a precise Service Separation Date.

Read the "***Rules* ...**" in the online help under this field or in the current **ES User Manual** for specifics on the allowable dates.

1. Select a *Service Component* from the dropdown.
2. Select a *Discharge Type* from the dropdown.
3. When finished, click the ***Update*** button to complete the task.

The system will display the message, "Military Service updated successfully".

1. Click the ***Calculate POS*** button at the bottom of the window to have the system calculate the period of service based on the new **Military Service Episode** entered.

The system will display the message, "The Period of Service has been calculated". Be sure to click the ***Update*** button again to record the new calculated POS.

The added or updated combat information can be verified by clicking the View Historical Military Service link and reviewing the changes/updates.

**Financials**

… deactivate a Veteran's Spouse/Dependent?

In this scenario we're going to deactivate a Veteran's Spouse/Dependent.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

The beneficiary's **Enrollment Status** can be any Priority Group (PG) or "Pending".

1. From the *Overview* screen, begin by clicking the **Financials** tab, the Update Financial Assessment link, or the Financials link.

All three will display the *Financial Overview* screen.

1. From the *Financial Overview* screen, click on the Financial Details link.

The *Edit Financial Details (Income Year XXXX)* screen will display. Any dependents associated with the Veteran will display here under the "Dependency Factors" section.

1. From the Edit Financial Details (Income year XXXX) screen, for the Married Last Calendar Year field, click on the "No" radio button.
2. Under the "Dependency Factors" section, click on the Spouse SSN link.

Additional fields will display, including the *Inactive Date* field.

1. In the *Inactive Date* field, enter a precise date.

***Rules* ...** Inactive Date must occur after *Date of Marriage*.

1. To view the impact of the changes, click the ***Review Impact*** button.

The system displays the "These changes impact the financial assessment in the following:" screen. From here you can see the Total and Net Income reduction as well as the *Number of Dependents* reduced by 1.

1. If acceptable, click on the ***Complete Assessment*** button to accept the changes.

The *Financial Overview* screen displays. On this screen you can see also see the Total and Net Income dollar amount changes in the "Financial Summary" section.

1. From the *Financial Overview* screen, click the Dependents link to view the *Dependents Overview (Income Year XXXX)* screen.

For the deactivated Spouse Dependent, the **Status** should now be "Inactive".

1. From the Dependents Overview (Income Year XXXX) screen, click on the Financial Details link to display the Edit Financial Details (Income year XXXX) screen.
2. From the *Edit Financial Details (Income year XXXX)* screen, click on the spouse's SSN link in the "Dependency Factors" section to display additional fields, if not already displayed.

From here you can confirm the system accepted the inactive date by verifying the date in the *Inactive Date* field.

**Note**: If the spouse inactive date is in a later year than the current Means Test (MT), the system will still show the spouse as "Active" rather than "Inactive", since the spouse was married to the Veteran for the most recent MT. The next MT will show the spouse as "Inactive".

**Enrollment**

... Cancel/Decline a beneficiary's enrollment in the VA Health Care System?

In this scenario we're going to learn how to cancel/decline a beneficiary’s enrollment in the VA Health Care System.

**IMPORTANT**

item of special interest symbol**Prior to placing a Veteran in a *Cancel / Decline* status, internal procedures require a HEC representative contact the Veteran and document their contact using a Report of Contact (ROC). The ROC must confirm that the Veteran has been fully informed of the possible consequences of his/her decision in relation to the receipt of current and possible future VA healthcare benefits.**

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.

1. From the *Overview* page, begin by clicking the Enrollment link to display the *Current Enrollment* page.

item of special interest symbolYou may also click the **Enrollment** tab to display the *Current Enrollment* page.

1. For the *Canceled/Declined Indicator* field, click the **Yes** radio button.

item of special interest symbolThe system automatically defaults to the current date in the *Cancelled/Declined Effective Date* field. The field may be edited.

1. In the *Reason Canceled/Declined* field, select a reason from the dropdown.

item of special interest symbol Only when the *Reason Canceled/Declined* selected is **Other**, may the *Canceled/Declined Remarks* field be used.

1. When finished, click the ***Update*** button.

After clicking the ***Update*** button, the system displays the *Overview* page and an “Enrollment updated successfully.” message displays.

item of special interest symbolAlso notice that the beneficiary’s *Enrollment Status* is now **CANCELLED/DECLINED (GROUP 3)**.

... reverse a beneficiary's Cancel/Decline enrollment in the VA Health Care System?

In this scenario we're going to learn how to reverse a beneficiary's Cancel/Decline enrollment in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

item of special interest symbolThe beneficiary’s *Eligibility Status* is **Verified** and their *Enrollment Status* is **Verified (GROUP 3)**.

1. From the *Overview* page, begin by clicking the Enrollment link to display the *Current Enrollment* page.

item of special interest symbolYou may also click the **Enrollment** tab to display the *Current Enrollment* page.

1. For the *Canceled/Declined Indicator* field, click the **No** radio button.

item of special interest symbolThe system automatically deletes the *Canceled/Declined Effective Date* and the *Reason Cancelled/Declined* data.

1. When finished, click the ***Update*** button.

After clicking the ***Update*** button, the system displays the *Overview* page and an “Enrollment updated successfully.” message displays.

item of special interest symbolAlso note the beneficiary’s Enrollment Status is now VERIFIED (GROUP 3).

**Facility**

This "tab" lists facilities the beneficiary has visited along with information associated with each of those facilities. See the [Facility](#Facility) section for more detailed information.

**Communications**

This "tab" contains information about communications (letters) that are scheduled to and have been sent to the Beneficiary, Beneficiary Power of Attorney (POA) and /or the Beneficiary Spouse. It also contains the capability for providing Veterans with a *Veteran Benefits Handbook*, containing eligibility and benefit information. See the [Communications](#Communications) section for more detailed information.

... View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System?

In this scenario we're going to learn how to View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* checkbox on the ES entry page.
2. From the *Person Search* screen, enter either an *SSN*, or Full/short *VPID* only, and/or *Last Name* and *First Name*, and/or *Claim Folder Number*, and/or *Military Service Number*, and/or *Last Name* and *DOB*. When ready, click the ***Find*** button to begin the search.

If a match is made, the system displays the beneficiary *Overview* screen. This screen gives the user an overview of the beneficiary's current information on file.

In the lower right-hand corner of the *Overview* screen is the Communications area with 2 links. One is the View Handbook Communication link and the other is the COMMUNICATIONS link. They both present the user with the *Communication Log* screen and the *Handbook Status* tab displayed.

Below these 2 links on the *Overview* screen, the system displays 2 different configurations, depending on whether the Veteran record has no current handbook on file, or 1 or more than 1 handbook on file. The configurations are as follows:

|  |  |  |
| --- | --- | --- |
| **Handbook Configurations** |  | **The UI Displays** |
| 1. When there is no Handbook on file… |  | “**No Data on File**” |
| 1. When there are 1 or more Handbooks on file… |  | |  |  |  | | --- | --- | --- | | **Communication to View**  (These are the links to the current and previous 2 versions of the *Veteran Benefits Handbook* and *Benefits at a Glance*.) | **Date**  (The date on which the Handbook PDF was uploaded into the Veteran Benefits Repository (VBR).) | **Source**  *(Mail* means the source of the Handbook is from the Content Management System (CMS) vendor and the Handbook was mailed to the Veteran. The system stores a PDF copy on file.) | |

Under the first column heading are anywhere from 2 to 6 links, depending on whether the Veteran has 1 *Veteran Benefits Handbook*, or 3 or more handbooks on file. The system displays a maximum of 3 Veteran Benefits Handbooks and 3 Veterans Benefits at a Glance..

The most recent handbook link is titled Veterans Current Handbook. The next 2 most recent handbook links are titled Veterans Handbook. Clicking on any of the “Handbook” links will display a PDF copy of a version of the *Veteran Benefits Handbook* in a new window.

In addition to links for the *Veteran Benefits Handbook* are links to the current and next 2 most recent versions of a condensed edition of the *Veteran Benefits Handbook* entitled Veterans Current Benefits at a Glance and Veterans Benefits at a Glance. The Veterans Benefits at a Glance is an abbreviated high-level summary of the *Veteran Benefits Handbook*.

1. From the *Overview* screen, begin by clicking the Veterans Current Benefits at a Glance link.

The abbreviated high-level summary of the *Veteran Benefits Handbook* displays in a new window as a PDF file.

From here the viewer may either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.

lightbulb_smNote: The HEC user should not have any occasion to save or print the online *Veteran Benefits Handbook* or *Veterans Benefits at a Glance* since they are saved and available in the Veteran’s ES record. If, however, the user wishes to save and/or print the PDFs, perform the following steps.

1. To save the PDF file, click on the *File* menu item, and then select *Save As …* . Select a location and rename the file if desired, then click the ***Save*** button.
2. To print the PDF file, click on the *File* menu item, then select *Print …* . Configure your printing parameters as you would for any other PDF file, then click the ***OK*** button.
3. After you have viewed, saved and/or printed the *Veteran Benefits Handbook* PDF file, close the new window normally.

The Veteran’s *Overview* screen should now be visible again.

1. From the *Overview* screen, you may click the Veterans Current Handbook link.

The latest *Veteran Benefits Handbook* PDF file displays in a new window.

From here the user may either view the benefit information online, save the PDF file for viewing or printing later, or print the benefit information.

1. If desired, repeat steps 4 and 5 to save and/or print the new PDF file.

To check the status of the handbook communications, the user may navigate to the *Communication Log* screen, where there are 4 tabs from which to view/update various types of Communications information. To do this, follow the steps below.

As noted in Step 2 above, in the lower right-hand corner of the *Overview* screen is the Communications area with 2 links. One is the View Handbook Communication link and the other is the COMMUNICATIONS link.

1. From the *Overview* screen, begin by clicking on the View Handbook Communication link.

The *Communication Log* screen displays with the *Handbook Status* tab displayed.

The *Handbook Status* communications tab contains status information about Handbook communications that are scheduled to and have been sent to the Veteran. The user has the ability to Mail a *Veteran Benefits Handbook* or to View the current and two historical (if they exist) Handbook communications for a Veteran.

Note that the View links under the **Veterans Handbook**, **Veterans Profile** and **Raw Data** columns will appear only if:

1. The user has the proper permissions (*Capabilities*) to view these columns, and
2. The condition under the **Status** column is “Mailed by CMS”.
3. Click on a hyperlink under the **Communications Name** column.

The detailed *Communication Log* screen displays with more detailed information on the handbook Status History and Comments, including the ability to add comments to the log.

1. After viewing or adding comments, click either the ***Cancel*** or ***Update*** button.

The *Communication Log* screen redisplays with the *Handbook Status* tab selected.

If comments were entered and the ***Update*** button was clicked, you’ll see that the **Status Date** for that particular ID selected is updated to the current date.

1. From the *Communications Log/Handbook Status* screen, reselect the hyperlink under the **Communications Name** column.

The detailed *Communications Log* screen displays with the comments just entered under the **Comments** section with the date and time entered, the username who entered it, and the comment itself.

**Admin/E&E Service**

The ES supports requests for data or information regarding the enrollment or eligibility of Veterans on an as-needed basis. An Enrollment Web Service brokers requests from other systems to ES, carrying out the system specific information request.

For this service, the HEC defines the “views” of data that are provided to authorized service consumers (*Service Accounts*). Each *Service account* will have a unique view of the data based on the need-to-know and applicable restrictions on data usage. A *Service Account* can be given access to multiple *Service Requests*, and a *Service Request* can be shared by many *Service Accounts*.

... Add and Update Service Accounts and Requests?

In this scenario we're going to learn how to add/update Service Accounts/Requests in the VA Health Care System.

1. Log into the system by entering VA authentication credentials at the single sign-on portaland checking the *Accept Agreement* check box on the ES entry page.
2. From the *Person Search* screen, move the mouse over the ***Admin*** button until the sub-menu items appear. Click on *E&E Service* in the sub-menu.

The E&E Service/*E&E Service Account Management* screen displays. On this screen are displayed previously added **E&E Service Accounts**, if any exist.

1. From the *E&E Service Account Management* screen, begin adding a new service account by clicking the Add New Service Account hyperlink.

The *Add Service Account* screen displays.

The agency requesting an *E&E Service Account* will provide the **Account Name**, **Contact Name** and **Phone** number.

1. Enter data in all fields including a VA standard **Password**.

**item of special interest symbolNote**: The **Account Name** and **Contact Name** fields accept only letters and no spaces. The **Phone** field must be formatted as (123)456-7890.

Active "Yes or No" sets the account to retrieve specific information

**item of special interest symbolNote**: At this point, the user has the option of selecting from an existing list of service requests by clicking the check box next to one or more service requests, or, creating different service requests, then returning to this service account and updating it with the new service request.

1. When completed, click the ***Add*** button to establish the service account.

The *E&E Service Account Management* screen appears and the system displays the message, "**Service account added successfully.**". The new service account will be listed on this screen along with all pre-existing service accounts, if any.

To update an existing *E&E Service Account*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen.

1. From the *Person Search* screen, roll your mouse over the ***Admin*** button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu.

The E&E Service/E&E Service Account Management screen displays. Displayed on this screen are all previously added E&E Service Accounts, if any exist.

1. To edit an existing service account, click on the *Account Name* hyperlink.

The *Update Service Account* screen displays. From this screen, the user may edit some or all of the information, including changing the password and activating or deactivating the service account.

1. When finished updating the service account, click the ***Update*** button to complete the update.

The *E&E Service Account Management* screen reappears and the system displays the message, "**Service account updated successfully.**".

To add a new *E&E Service Request*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen.

Creating a new service request assigns specific data elements the agency can retrieve through the E&E Service.

1. From the *Person Search* screen, roll your mouse over the ***Admin*** button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu.

The E&E Service/*E&E Service Account Management* screen displays. Displayed on this screen are all previously added **E&E Service Accounts**, if any exist.

1. To establish a new service request, click on the **Service Requests** tab.

The E&E Service/*E&E Service Request Management* screen displays. Displayed on this screen are all previously added **E&E Service Requests**, if any exist.

1. On the *E&E Service Request Management* screen, click on the Add New Service Request hyperlink.

The *Add Service Request* screen displays.

The agency requesting an E&E Service Account will also provide the data elements needed from the Veteran record. The user will create the **Request Name** and **Description** from the information provided.

1. Enter a name (alpha characters only) in the **Request Name** field with no spaces.
2. Enter a description in the **Description** field (spaces/numbers allowed, but no special characters).

**item of special interest symbolNote**: Service requests are independent from service accounts and may be assigned to any service account.

By default, the **eeSummary** folder is collapsed and unselected as indicated by the red box with a white red x symbol. When the user clicks the plus sign next to the red box, the **eeSummary** folder expands to show all available folders below it.

These “child” folders can be expanded using the same method as with the **eeSummary** “parent” folder, by clicking on their respective plus signs. These child folders will have descriptive names indicating the categories of information they contain. One example may be **eeSummary.demographics**. Once expanded, this folder displays various groups of demographic data for the Veteran.

In the above example, the demographic information groups may be individually selected by clicking on each of the desired red boxes with a white X, which then change to a green box with a white checkmark green check symbol to indicate they are selected.

Or, to select all of the demographic information under the **eeSummary.demographics** folder, simply click the red box with a white X next to the folder. After doing so, all of the red boxes with a white X under the **eeSummary.demographics** folder will change to a green box with a white checkmark, including the red box with a white X next to the **eeSummary.demographics** parent folder.

If a collapsed folder has a green box with a white checkmark next to it, that indicates that all its children and sub-groups are selected as well.

If a collapsed folder has a red box with a white X next to it, that means none, or only some children and sub-groups are selected.

**item of special interest symbolNote**: Before adding a service request, the specific data elements based on the request description must be located in the **eeSummary** (E&E Summary) and assigned to the service request.

1. Before adding the service request, select at least one data element (E&E Summary) using the guidance in the previous step.
2. When completed, click the ***Add*** button to add the service request.

The *E&E Service Request Management* screen appears and the system displays the message, "**Service Request has been saved successfully**". The new service request is now listed under the **Service Request** tab and is available for assignment to any service account.

To update an existing *E&E Service Request*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen.

1. From the *Person Search* screen, roll your mouse over the ***Admin*** button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu.

The E&E Service/*E&E Service Account Management* screen displays.

1. Click on the **Service Requests** tab.

The E&E Service/*E&E Service Request Management* screen displays. Displayed on this screen are all previously added E&E Service Requests.

1. To edit an existing service request, click on the *Request Name* hyperlink.

The *Update Service Request* screen displays. From this screen, the user may select and/or deselect some or all of the data elements.

1. Edit the service request as desired.
2. When completed, click the ***Update*** button to complete the update.

The E&E Service/*E&E Service Request Management* screen reappears and the system displays the message, "**Service Request has been saved successfully**".

To assign/unassign an *E&E Service Request* to an *E&E Service Account*, perform the following. The following steps assume the user is logged into the ES and on the *Person Search* screen.

1. From the *Person Search* screen, roll your mouse over the ***Admin*** button until the sub-menu items appear. Click on the *E&E Service* in the sub-menu.

The E&E Service/*E&E Service Account Management* screen displays.

1. Locate the service account to which you wish to add/remove a service request, and click the Account Name hyperlink.

The *Update Service Account* screen appears listing all existing service requests with check boxes next to each.

1. Click the check box next to each service request you wish to add to the service account, or uncheck any check boxes you wish to remove.
2. When completed, click on the ***Update*** button to save your changes to the service account.

The *E&E Service Account Management* screen reappears and the system displays the message, "**Service account updated successfully.**”

**item of special interest symbolNote**: At any time the user may add/remove a service request(s) assigned to a service account by clicking on the service account hyperlink, then checking and unchecking the boxes next to the list of available service requests and updating the service account.

# Troubleshooting

Anticipate any problems, issues, or items that a user may need assistance with and provide guidance to the extent possible.

Please refer to the Troubleshooting section of the Production Operations Manual on the ES SharePoint [here](http://vaww.oed.portal.va.gov/sites/vrm/EHBD/ECE%20%20ESE/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fvrm%2FEHBD%2FECE%20%20ESE%2FProject%20Releases%2FES%204%2E1%2FEHBD%204%2E1%20Release%20Arifacts%2FPOM).

Index

1010EZ

Print Form 324

1010EZR

Print Form 324

4-digit 383, 384

9-digit 75, 77, 286, 291, 292, 299, 302, 304, 328, 335

A&A

receiving 219, 240

AA 365, 366

AAC 18, 207, 367, 368, 370

ACA Affordable Care Act 18

ACA Reporting 379

Accept

Agreement 382, 384, 385, 386, 387, 388, 389, 390, 391, 397, 398, 399, 400, 406, 407, 408

Access 32, 155, 156

ACK 73, 365

Acknowledgement 72

Action 82, 86

Actions 78, 178, 180

History 180

Active Date 167, 169, 170, 171

**Add**

a Role 162

Another Military Service Number 59, 63, 67

Associate(s) 258, 282, 283, 284, 288, 289

Button 170

Capability Set 168

Child 338

Combat Episode 318

Comments 45, 55, 370

Enrollment Group Threshold Setting 136

Enrollment Group User Account 155

Income Test 343

Military Service Episode 315

New Document 59

New EGT Setting 134

OEF/OIF Combate Episode 314

Other Associates 258

PH, POW, SHAD 59

POW Episode 63

POW REGISTRY ENTRY 57, 58

Private Insurance 296

Private Medicare 296

PURPLE HEART REGISTRY ENTRY 57, 58, 59, 63, 67

Rated SC Disabilities 383, 384

SHAD REGISTRY ENTRY 57, 58

**Add a Person**

Associates 288

Cancel Reistration 3

Capabilities 3

Edit Current Eligibility 233

Identity Traits 264

Personal 275

Roles while Adding a Person 289

Save in Process 3

Search and Add New Person 3, 145

Adding/including 158

Additional Search Criteria 36, 42, 158

**Address** 74, 75, 76, 77, 84, 258, 273, 274, 282, 283, 286, 288, 289, 291, 292, 293, 294, 295, 298, 299, 300, 302, 304, 305, 328, 329, 330, 331, 334, 335, 336, 371, 399

Address Not Found 293

Bad Address Reason 76, 79, 115, 293, 367, 399

Bad Address Records 115

Confidential 295

Edit 74, 76

Edit Permanent Address 77

Email 294, 295, 400

File 89

GMT 324

information 400

Line 1 75, 77, 273, 286, 291, 292, 298, 302, 304, 328, 330, 331, 334, 336

Employer AAP 280

Line 2 75, 77, 286, 291, 292, 299, 302, 304, 328, 334, 336

Employer AAP 280

Line 3 75, 77, 286, 291, 292, 299, 302, 304, 328, 334, 336

Employer AAP 280

Mailing 371

Other 295

Permanent 76, 295, 367

Permanent Mailing 292

Add a Person 292

Permanent Mailing Address 200

Temporary 295

Update Mailing 258

Updated Multiple Times Within 84

View Historical 292

**Adjudication** 343, 352

General Counsel Ruling 343, 352

Pending 343, 352

**Administrator** 154, 158, 173

System 172

AE 123

**Agent Orange** 18, 321

Exposure 391

Exposure Location 226, 247, 307, 390, 391

Indicator 390

Other 391

Other than Vietnam 390

Special Treatment Authority Exp Date 172

Special Treatment Authority Indicator 172

**Agreement**

checkbox 382, 384, 385, 386, 387, 388, 389, 390, 391, 397, 398, 399, 400, 406, 407, 408

Sharing 27, 230, 250

user 34

Aid & Attendance 18, 219, 220, 240, 241

Allied Veteran

Country 230, 250

Eligibility Code 230, 250

Amchitka Island 227, 248, 308

Annual Check Amount 206, 220, 222, 223, 241, 243, 244, 384, 385

AO indicator 307

**Application Date** 49, 50, 52, 53

Enrollment 206, 352, 353, 354, 357, 358

AAP 357

Signature 357

Application Method

Enrollment 358

Appointment Request Response 272, 279

AR 123

**Archive**

Date 85, 86

Reports 85, 86

Reports Parameter 172

Purge 176

Ascending/descending 325

Assign/associate 168

**Assigned** 37, 42, 45, 46, 47, 49, 50, 51, 52, 53, 55, 56, 57, 59, 60, 62, 63, 66, 67, 68, 97, 119, 158, 162, 164, 165, 170, 205, 206, 212, 218, 233, 240, 253, 271, 278, 297, 316

By 56

Capabilities 161, 162, 165, 166, 167, 168, 169, 171

Capabilities Available 166

Capability Set 162

Capability Sets 167

Current Capabilities 170

Date 50, 51, 53, 56

Date Range 48, 54

ID 154, 155, 156

Items 45, 46, 47, 48, 50

LAS 61, 62, 253, 256, 386

Medicare number 301, 303

person 45

SSN 261, 267, 327, 333, 340

To 51, 53, 54, 56

To field 54

Associates

Add a Person 288

current information available 282

Attachment

File(s) 215, 237, 254

Attorney

Power of 25, 224, 245, 283, 284, 289, 367

Austin Automation Center 18, 19

**Awaiting**

acknowledgement 72, 364

message response 72, 364

reply 218, 240, 253

transmission 72, 364

**Award**

letter 223, 224, 244, 245

Military Orders of 61, 64, 217, 239, 253, 255, 256

PH 25, 61, 255, 256

Service Records showing 255, 256

BAD ADDRESS INDICATOR 293

Bad Address Reason 115, 293, 367, 399

Report 79

**Batch**

Actively Running Process 180

HandBook Request (Add) 188

Job Name 178

Message ID 73, 365

Process 178, 179, 180

Process Management 178, 180, 191

Processes Invoker 178, 191

Batch Submissions 196

Beneficiary Travel 324

**BIRLS** 2

Definition 19

BOS 1 88

**Bulletin**

Unsupported CV End Date 313

**Button Bar** 16, 38

**Camp Lejeune** 11, 209

Camp Lejeune Environmental Action Report 19

CL Date Registered 229, 311

CL Eligibility Source of Change 229, 311

CL Eligiblity Change Site 229, 311

CLEAR 12, 19, 20

CL-V 19, 20

Comments 228, 250

Eligiblity 228, 249, 310

System Parameters

CL VistA Full Rollout 172

Verified Methods 228, 249, 310

Cannikin 227, 248, 308

**Capabilities** 20, 158, 161, 162, 164, 166, 168, 169, 170

added to Profile 158

adding new 161

Assigned 161, 162, 165, 167, 168, 169, 171

Available to be Assigned 162, 166, 170

Currently Assigned 166, 170

removing 161

Capability 20, 161, 162, 163, 165, 168, 169

Assigned 167

search 46

Set (Change History) 171

Set (Edit) 169

Set (Name) 171

Sets 20, 158, 161, 162, 164, 165, 166, 167, 168, 169, 170, 171

Capture Date 65, 217, 218, 239

**Case**

EE 45

Number 76, 370

PH 62

Types 49, 52

VPID 49, 50, 51, 52

**Catastrophic Disability** 20, 209

CD Descriptor 209

ICD Data 209

CD Descriptor 209

CHAMPVA 20, 230, 251

**Change** 382, 384

a beneficiary's SW Asia Condition Indicator 391

beneficiary's Eligibility 387

Capability Set History 171

Country default 400

Current Effective Date 384

Details 167

EGT 134, 135, 137

EGT Settings History 138

gender 262, 267

History 138, 168

history Details 171

Rated SC Disabilities percentage 384

Roles History 167

Sensitivity Flag Site 269

AAP 275

Sensitivity Flag Source 269

AAP 275

Site 294

Site of 294, 295, 399

Source 294

Source of 294, 295, 399

SSN Source of 261, 266, 329, 340

Time 138

Times 167, 171

Total Monthly Check Amount 385

update SC percentage 384

Veteran Indicator 212, 233, 388

**Charged**

copay 310, 321

**Child** 231, 252, 283, 284, 288, 289, 338, 345, 346

Add 338

Date of Birth 340

Dependency Factors 345

Education Expenses 349

Funeral/Burial Expenses 349

has income 341, 346

income available 342, 346

Lived with Veteran 345, 346

Pseudo SSN 339, 340

Relationship 340

Self-Support 342, 347

SSN 339

Support 341

**City**

AAP 280

**Claim** 206, 208, 215, 227, 230, 236, 248, 250

evaluation 213, 234

Folder Location 271

AAP 278

Folder Number 35, 37, 41, 42, 271, 383, 384, 385, 386, 387, 388, 389, 390, 391, 398, 399, 400, 406, 407, 408

AAP 278

Medicare Number 301, 303

Number 68

SHAD 68

Clinical Determination 209

**Close** 46

Work Item 48, 49, 50, 51, 52, 53

**Combat** 25, 253, 321, 322

Add Episode 318

Data File 108

End Date 315, 319

HEC Episode

Deleting 306

Location 308, 314, 318

OEF/OIF End Date 313

OEF/OIF Episode 314

Adding 314

Deleting 306

OPP Data file 108

Pay End Date 315

Pay Start Date 315

Pay Type 315

Service Location 315

Service Source 315

Start Date 314, 318

Veteran 21

Veteran Eligibility 312

Veteran Eligibility End Date

NDAA of 2008 313

Veteran Eligible 209

**Combined** 312

Capabilities 168

disability 383

Evaluation 206, 213, 214, 234, 235, 383, 384

Percentage 213, 235

Rating Table 385

SC % 206, 213, 234

SC Disabilities 385

**Comments** 45, 46, 55, 56, 137, 138, 370

Add 370

By 371

Date 371

Enrollment Overrode 355, 360

Letter Type 368

Open/Items/Assignment, Status worklist 55

Update Assignment, Status 46, 49, 50, 51, 52, 55

Commit

acknowledgement 364

changes 76, 389, 390, 391, 398

Commonwealth Army 312

**Communications**

ACA Reporting 379

Bar Code 19, 75, 371

Delivery Preference 375

Detail (Letter Type) 370

Handbook Status 202, 372

historical letter 367

letter type 370

log 367

Previously Mailed 367

Status 367

VHIC Status 377

Completion 104, 105, 106, 107, 108

Confidential 295

Address 295

Confinement Location 65, 217, 218, 238, 239

**Confirmed**

Disability Discharge 306

Eligibility Status 206, 212, 233, 234

PH Status 59, 60, 92, 218, 240, 253

PH Updates 387

POW 217, 238

Registry 57

**Consistency Check** 20

Case Types 49, 50, 51, 53

Work Items 52

Worklist 45

**Content Management System**

Definition 20

**Context-sensitive**

commands 32

Help 33

Help button 34

Contributed

Amount 345, 346

to Child Support 341, 346

to Spousal Support 329, 335, 345

**Copay** 22, 321, 322, 344, 361

A&A 219, 240

can't afford 322

Exemption Test 324

Housebound 219, 241

P&T 223, 244

Purple Heart 253

Rec. VA Disability Compensation 222, 243

Required 131

Services Exempt 321

VA Pension 220, 241

**Copayment**

GMT 132

information 132

Inpatient 132

Long Term Care 132

Medication 132

Outpatient 132

COR 1 89

**County/Postal Code**

AAP 281

**Criteria** 62

additional search 36, 42

CHAMPVA 231, 251

collateral of vet 231, 252

Combat Veteran Eligible End Date 313

Completed Report 85

Enrollment 354, 358

filter 48, 143

Filter 81, 85

HL7 Message Search 72

HL7 transmission log 72

Multiple Search 46

Optional Search 57

POW 217, 238

Profiles User Search 158

Profiles User Search Additional 158

Report QM 11 119

Scheduled Report 81

search 35, 41, 145

Search Items 45

Undeliverable Mail Search 74, 75

Veteran Status 212, 233

VOA Resubmission 143

Work Items 46, 48, 54

**Date** 383

Actively Running Batch Process Start 180

Addresses

Last Update 294

Application Signature

AAP 357

As of (EED 10) 96

Assign 45

Assigned 50, 51, 53

Assigned Range 48, 54

Assignment 56

Batch Process End 179

Batch Process Fire Time 178

Batch Process Start 179

Cancelled/Declined Effective 354, 358, 406, 407

Capability Set Active 166, 169

Capability Set Inactive 166, 169

Capability Sets Active 171

Capability Sets Inactive 171

Capability Sets Last Updated 171

Capture 65

Civil 224, 245

Combat End 312, 315, 319

Combat Start 314, 318

Combined Evaluation Effective 206

Communications

Comments 371

Correspondence Mailed 370

Status 367

Status Changed 371

Status Modified 371

COR 1 89

Create 45, 50, 51, 52, 53

Create Range 48, 54

Current Effective 383, 385

CV End 313

Deactivation

Associates Role 286

Dependent Child

Effective 338

Inactive 338

of Birth 340

SSA Verification 341

Dependent Spouse

Marriage Inactive 328, 334

of Birth 328, 334

of Marriage 328, 334

SSN Verification 329

Details by (QM 17) 122

Document Log In 62, 255

Document Log In By 62

Document Receipt 255

Due 45

EGT Effective 133, 134, 136, 138

EGT Last Updated 139

Eligibility Status 207, 212, 234, 388

Eligible 387

Email

Last Update 295

Enrollment

Regulation Parameter 173

Enrollment Application 49, 50, 52, 53, 206, 352, 353

AAP 357

Enrollment Effective 206

Enrollment Process 133

Enrollment Process Ended 133

Enrollment Process Started 133

Facility

of Last Visit 361

Federal Register 134, 135, 137, 138

Fee Basis Program

Authorization From 362

Authorization To 362

Report 362

Financial

Dependent Effective 345

Dependent Inactive 345, 346

of Marriage 344

HL7 Transmission 72, 73, 364

HL7 Transmission Range 72

Identity Traits

Appointment Request 272, 278

of Birth 259, 262, 264, 267

of Death 269

AAP 276

of Death Report 270, 277

SSA Verification 261, 266

Imprecise 23

Income Test Effective 343

Indexed 204

Ineligible 225, 246, 387, 388

Ineligible VARO Decision 225, 247

Insurance

Coverage Effective 298

Coverage Part B Effective 304

Part A 302

Plan Expiration 298

IVM DM IY Cut Off 174

Last Login 157

Mailed 74, 76

Medicaid Last Updated 225, 246

MSE 315

OEF/OIF Combat 314

of Birth 21, 36, 40, 41, 42, 44, 148

of Combined Evaluation 214, 235, 383, 384

of Combined Evaluation Effective 213, 234

of Death 21, 64, 397, 398, 399

of Death (EED 3) 92

of Death (QM 4) 114

of Death (QM 5) 115

of Death (QM 6) 116

of Death Status 398, 399

**of Death Update** 201

of Retirement 331

AAP 281, 337

Original Effective 383, 384

Original Effective Date 384

Pay End 315

Pay Start 315

Permanent & Total Effective 223, 244

PH Document Log In 255

PH Document Receipt 255

PH Document Received 62

PH Last Updated 253

PH Record Last Updated 62

PH Status last updated 253

PH Status Update 61

POW Capture 217, 239

POW Capture/Release 217, 238

POW Record Last Updated 66

POW Release 218, 239

Precise 25

Process Ended 134, 135

Process Start 134, 135

**Range (QM 10)** 118

Range (QM 14) 120

Range (QM 15) 121

Rated SC Disabilities Current Effective 215, 236

**Rated SC Disabilities Current Effective** 208

**Rated SC Disabilities Original** 208

Rated SC Disabilities Original Effective 215, 236

Registry Record 70

Release 65

Report Status (QM 10) 118

Reports From 84

Reports Run 85, 86

Reports Scheduled Run 81, 82

Reports To 84

Roles Active 165, 167

Roles Assigned Active 167

Roles History Change Details 167

Roles Inactive 165, 167

Roles Last Updated 167

Service Entry 315, 316

Service Separation 313, 315, 316

SHAD Document Received 68

SHAD Record Last Updated 69

Signature Image Index Last Updated 204

Signature Image Indexed 204

Standardizing Checks 13

Temp Address

Start 295

today's 46

**Update Enrollment** 201

User Enrollee Valid Through (EED 1) 90

User Profiles Active 162, 163

User Profiles Inactive 162, 163

VA 224, 245

Work Item Assigned 56

Work Item Comment 56

Work Item Create 55

Work Item Due 56

Work Item Status 56

Workload Assigned (QM 11) 119

**DD-214** 21, 61, 64, 212, 213, 217, 226, 227, 233, 234, 238, 247, 248, 253, 255, 256, 306, 307, 308, 312, 316, 387

**DD-215** 21, 61, 64, 213, 217, 226, 234, 238, 247, 253, 255, 256

**Death**

Certificate 270, 276

Date of 64, 65, 92, 114, 115, 116, 213, 214, 215, 217, 218, 234, 235, 236, 239, 258, 262, 267, 269, 270, 276, 277, 315, 316, 317, 319, 328, 334, 353, 357, 394, 395, 396, 397, 398

AAP 276

Removal 398

Report 270

AAP 277

Update 200, 201

Notification Site 270, 398, 399

AAP 277

Notification Source 270, 398, 399

AAP 277

of Death 354, 358

Status 398, 399

time of 231, 251

Unsolicited from MVR 365

**Demographic**

Data Transmission 365

information 200, 201, 258, 259, 260, 264, 265

**Demographics** 49, 50, 51, 53

link 201

Overview 258

Overview screen 399, 400

Personal screen 398, 399

tab 398

Tabs

Overview 200

Dental

Application Due Before 314

Eligible for Class II 313

**Dependent**

Add a Person (Spouse) 332

Add/Edit Child 338

Add/Edit Spouse 326

Available Income

Child 342

Current Status

Financial 325

Date of Birth

Child 340

Definition 21

Duplicate Threshold Value 173

Effective Date 345

Child 338

Fee Basis Treatment Type 362

Financial Assessment 210

First Name

Child 338

Funeral/Burial Expenses 349

Inactive Date 345, 346

Child 338

Incapable of Self-Support 347

Child 342

Last Name

Child 338

Lived with Vet Last Cal. Yr. 345, 346

Middle Name

Child 338

Name

Financial 325

Overview 325

Pseudo SSN

Child 339

Pseudo SSN Reason

Child 340

Real Property Value 351

Relationship

Child 340

Financial 325

Spouse

Date of Birth 328, 334

Last Name 326, 332

Middle Name 326, 332

Pseudo SSN 327, 333

Pseudo SSN Reason 327, 333

Suffix 327, 333

SSA/SSN Verification Frequency 176

SSN

Child 339

Financial 325

Title 326, 332

Child 338

Valid 344, 345

Designated VAMC site 363

Desired geographic threshold 131

**DQ**

analyst 46

IM

definition 23

Person Search

IM 35

Worklist

analyst 49

Assigned Item to Me 55

Functional Group 48, 55

Unassigned pool 48

Worklist

supervisor 48

E&E Service

Account Management 181

Add and UpdateService Accounts and Requests 410

Add New Service Account 181

Add Service Account 182

Add Service Request 185, 186, 187

Service Accounts 181

Service Request Management 185

Service Requests 185

Update Service Account 183

Update Service Request 187

EED 1 90

EED 2 91

EED 3 92

EED 6 93

EED 8 94

EED 9 95

EED Weekly Statistics Report 94

**EGT**

Add/Update Setting 136

change 134

Comments 137, 138

current settings 133

definition 21

Effective Date 133, 134, 136, 138

Federal Register Date 135, 137, 138

future settings 133

Historical settings 133

Last Updated By 139

Last Updated Date 139

MFN Settings 133

New Setting 134

Override 49, 50, 52, 53

Priority Value 133, 134, 136, 138

Process End Date 133, 134, 135

Process Start Date 134

Process Start Time 135

Process Status 133, 134, 135

Processing Status 133

Retrans Days for 176

Retrans Execution Period for 176

Setting 133

Setting Change History 138

Setting Disabled 138

Settings 16

Sub-Priority group 136, 138

Type 133, 134, 136, 138

View Historical 133, 138

**Eligibility** 1, 16, 21, 58, 79, 200, 205, 209, 212, 213, 217, 224, 231, 233, 234, 238, 245, 251, 310, 317, 318, 323, 365, 382, 387, 392

Code 205, 382, 384, 385, 386, 388, 389, 391, 400

Current 205, 385, 390

CV End Date 312

Date 387

Edit Current 212, 257, 392

Add a Person 233

Edit Current screen 200

Edit Review Page 385, 388, 390, 391, 392

EED 10 96

Enrollment Record 113

Factors 96

File Data 106

for Medicaid 224, 245

link 386, 388, 389, 390, 391, 392

Link 383, 384

Non-Veteran Code 257

Non-Veteran Codes 229, 250

Other Factors 209, 225, 247, 389, 391, 392

Primary 382

Primary Code 205, 257, 307

Record 58

screen 383, 384, 386, 387

Secondary Codes 209

Status 206, 212, 233, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 398, 400, 406, 407

Status Date 207, 212, 234, 388

summary page 389

tab 386, 389, 390, 391

Update 49, 50, 52, 53

Update Current 200

Verification 20

Verification Method 207, 213, 234, 383, 387

Verification Source 207

View Historical 205

Email 204

Address 294, 295, 400

bulletin 204

Distribution List 178

recipient 84

Record 295

Report To 84

Type 294

**Employment** 223, 244

Income from 347

Status 258, 273, 279, 330, 335

AAP 279

Total Gross Income from 348

Total Gross Income information 349

Update 200

**Enrollment** 16, 18, 21, 27, 79, 90, 201, 205, 212, 225, 230, 233, 246, 250, 317, 318, 321, 323, 354, 358, 406, 407

Application Date 49, 50, 52, 53, 206, 353

…prior to 10/01/1996 353, 357

AAP 357

Application Method

AAP 358

Cancel/Decline/Override 353

Cancel/Decline/Override (Add a Person) 357

Category 354, 358

Coordinator 322

Current 353, 357

Dates 201

Decision 136

Division 21

EED 1 Report 79

EED 6 Report 79

EED 8 Report 79

EED 9 Report 79

Effective Date 206

ENR 368, 369

Future Group Threshold 134

Group Threshold 21, 133, 136, 390, 392

Group Threshold Processing 133

Group Threshold Setting 133, 136

link 406, 407

Override 95, 355, 359

Override (EGT) 49, 50, 52, 53

Override Comments 355, 360

Override Reason 355, 360

page 406, 407

Prioritization 391

Priority 93, 133, 138, 205, 353, 357, 385, 390, 392

Priority Group 93, 134, 135, 138

Process Date 133

Processing 209

Processing Cycle 382

QM 3 Report 79

Record 113

Regulation Date Parameter 173

Status 16, 79, 90, 93, 114, 353, 355, 359, 384, 385, 386, 387, 388, 389, 390, 391, 392, 398, 399, 406, 407

AAP 357

system 1

System Redesign 21, 22

tab 406, 407

Trans 365

Update 95

Update (Cancel/Decline) 49, 50, 52, 53

Environmental Contaminants 22, 28, 209, 227, 248, See also SW Asia Conditions

**Error** 33

Application 45, 52

Batch Processes 180

Communications Status by AAC 367

Consistency Check 52

Consistency Error 45

Definition 18

EGT Process Status 133, 135

Eligibility Status 206, 212, 234

Entered in 61

File (COR 1) 89

HL7 ACK Type AE 366

HL7 ACK Type AR 366

HL7 Outbound HL7 79

HL7 TInbound HL7 79

HL7 Transmission Status 72

HL7 Trasnsmission Status 364

Inbound HL7 (QM 25) 127

letter request reasons (COR 1) 89

Outbound HL7 (QM 19) 123

Signature Information entered in 204

SSA Message 261, 266, 330, 341

User ID 154

Zip Code 149, 292, 400

Error Reason ACA 381

Error Reason DOB example 198

Error Reason State Code example 197

**ES** 20, 21, 31, 33, 38, 44, 58, 70, 72, 128, 129, 130, 154, 156, 158, 209, 262, 267, 270, 277, 327, 333, 339, 365, 382

Batch Processes 178

Button Bar 16

database 204

Main Area 17

Summary Area 16

System Parameters 172

Tabs 16

User ID 154, 155

**Expand** 392

a Capability Set 164, 166

additional Dependency Factor information 344, 345

all hyperlinks 161, 165, 168, 169

all Roles 161, 165, 168, 169

individual Roles 161, 165, 168, 169

military information 306

Role or Capability 161

text to the right 33

**Facility** 55, 72, 73, 90, 92, 100, 113, 114, 155, 156, 206, 231, 251, 277, 296, 301, 310, 322, 353, 354, 357, 359, 361, 363

Exposure at Nuclear 227, 248, 308

preferred 49, 50, 51, 53, 96, 270, 277, 361

AAP 271, 277

Primary Means Test 361

Purple Heart 61, 253

Submitting 204

VHA 270, 276

View All HL 7 Messages 365

Father’s

First Name

AAP 279

Last Name

AAP 279

Federal Register

Date 134, 135, 137, 138

Fee Basis Program 361

**File**

.csv 18

Error 89

Fee Basis Program Information 361

format 70

Letter 79

Means Test 361

No Data... 124

OPP CD Condition 104

OPP Combat Data Extract 108

OPP Eligibility Extract 106

OPP Main Extract 105

OPP Rated Disabilities Extract 107

Registry 57

Registry Load Statistics 70

Reject 89

Review 49, 51, 52, 53

Signature 204

Type 81, 82, 84, 85, 86, 128, 129, 130

VBA 306, 312, 316

VBA/DoD 61, 65, 217, 239

Filipino 316

Scout 312

Scout (Old) 312

Scout Service 312

Veteran Proof 312

Filter See Worklist

**Financial** 201

Adjudication 343

Assessment 49, 210, 224, 246, 321, 324, 398, 399

Assessment (Means Test) 322

Assessment Editing 49, 50, 52, 53

Assessment IV 1 Report 80

Assessment QM 17 Report 79

Assessment Update 201

Details 324, 325, 343

Disclose Income 344

Overview 324

Query Transmission 365

Summary 324

Test In Process QM 17 Report 122

Worksheet 322

Fire Time

Next Scheduled 178, 179

**Full-dollar rate**

filipino veteran proof 312

Geographic 131

Geographical Region 131

Global War on Terror 1

**GMT**

Address 324

copay required 131, 343, 344, 352

Copayments 132

definition 22

threshold lookup 131

thresholds 131, 352

**Group**

below Enrollment Threshold 355, 359

Capability Sets 168

Current Enrollment Threshold 133

EGT

Enrollment Priority 136

Enrollment Sub-Priority 136

Priority 138

Sub-Priority 138

Enrollment Status 384, 385, 386, 387, 390, 391, 392, 398, 406, 407

Enrollment Threshold 133, 134, 136, 390, 392

definition 21

Enrollment Threshold Setting 136

Financials

Priority 321, 322, 323

Priority Assignment 322

Functional 156

Future Enrollment Threshold 134

Insurance

Name 297, 301

Number 297, 301

Medicare

Name 301

Number 302

Medicare B

Name 303

Number 304

of Capabilities 20, 164

Priority 79, 93, 134, 135, 205, 226, 247, 355, 359, 389, 392, 399

definition 25

Roles 156

User Account

Functional 155

Roles 155

User Profile Functional 161

Worklist

functional 46, 48, 49, 50, 51, 52, 53, 54, 55

Workload

functional 119, 121

Guardian information 258

GWOT See Global War on Terror

Handbook

Batch File Processing Date 194

Batch File Statistics 194

Batch Request 188, 191

Batch Request Statistics 193

Benefits At a Glance 409

Date Sent to CMS 194

Delivery Preference 375

Email Address 375

Email Type 376

Preferred Facility 188

Priority Group 188

Records Mailed by CMS 195

Records Rejected by CMS 195

System Parameters

Default Handbook Batch Release Control Number 173

Handbook Active 174

HANDBOOK ROLL OUT OVER 174

Maximum Number of Records to CMS 175

View, Print and Check Status of Veteran Benefits Handbook 408

Handbook Communication Detail 374

Cancel Mailing 374

Handbook Communication Name 372

Handbook Communication Type 372

Handbook Select to Mail 372

Handbook Status 372

Communication Name 373

Date 372

ID 372

Raw Data 374

Status 373

Version 372

Veterans Handbook 374

Veterans Profile 374

**Health Benefit Plans** 209

Assign 211

System Parameters

HBP Data Sharing Indicator 174

Unassign 211

Healthcare Reform 12, 18

Healthcare Reform/Affordable Care Act (ACA) 22

HealtheVet 1, 21, 22

HECMS 21, 22, 23

**Historical**

clinical determination information 209

clinical determination link 210, 211

EGT data 138, 139

EGT Settings 133

letter communications 367

Roles and Capabilties information 162

User Profile link 162

View Addresses 292

View Associates 282, 283, 288

View EGT Settings 133, 138

View Eligibility 205

View Enrollment 353, 357

view financial assessment information 210

View Financial Details 325

View Identity Traits 259, 264

View Military Service 306

View Military Service information 306

View Personal Data 269

AAP 275

View POW 208

Work Items and Cases 46

Worklist Information 46

**HL7**

address message 299, 302, 304

city message 299, 302, 304

definition 23

Inbound Error (QM 25) 79

Inbound messages (QM 25) 127

Message ID 365

Message Log 72, 73, 364

Message Search 72

Message Type 364

messages 72

Outbound Error (QM 19) 79

Outbound messages (QM19) 123

state message 300, 302, 305

transmissions 365

View All Archived Messages 361

View All Messages 361, 365

View Site Messages 361

View Site/All Archived/All Messages 364

zip code message 299, 302, 304

Home 38

**Housebound** 219, 240

Annual Check Amount 206, 222, 243

definition 23

Financials 321

indicator 219, 220, 240, 241

Total Monthly Check Amount 222, 243

**How do I ...** 382

Add and Update Service Accounts and Requests? 411

add new Military Service information? 401

add Pension information? 392

add Prisoner of War (POW) information? 394

cancel/decline a beneficiary’s enrollment in the VA Health Care System? 406

change a beneficiary’s Eligibility Status from Eligible to Ineligible? 387

change a beneficiary’s Eligibility Status from Ineligible to Eligible? 388

change a beneficiary's SW Asia Conditions indicator? 391

change a Verified beneficiary from Non-Service Connected to Service Connected? 382

confirm a Veteran’s PH status with previously unacceptable documentation? 385

confirm a Veteran’s PH update when the site enters the PH status? 386

deactivate a Veteran’s Spouse/Dependent? 405

enter a beneficiary's Date of Death? 397

input Allied Veteran information? 395

remove a beneficiary's Date of Death? 398

remove a Purple heart (PH) entered in error? 396

remove Pension information? 393

reverse a beneficiary’s Cancel/Decline enrollment in the VA Health Care System? 407

set the Bad Address Reason for a beneficiary's address? 399

update a beneficiary’s Ionized Radiation (Radiation Exposure Method)? 389

update a beneficiary’s Permanent Mailing Address? 400

update a beneficiary's Agent Orange Exposure Location to Other than Vietnam? 390

update a beneficiary's Agent Orange Exposure Location to Vietnam? 390

update a update a Veteran's Preferred Facility in the VA HealthCare System? 400

update a Veteran's Period of Service (POS) information? 404

update Combat Veteran information? 402

update Veteran Discharge Due to Disability information? 397

update/change a Veteran’s Service Connected (SC) percentage? 384

View, Print and Check Status of Veteran Benefits Handbook in the VA Health Care System? 408

Humanitarian Emergency 388

IAM See Identity and Access Management

ICD-9-CM/ICD 10 data 209

**ID**

assigned 154

Bar Code

definition 19

Mail Search 75

Batch Message 365

Communications

Bar Code 371

Fee Card 362

HL7

Message 73

Insurance

Subscriber 297

Message 365

MT Image 204

Report 78, 81, 85, 86

User 56, 154, 155, 156, 158, 159, 160

VHA network 154

VPID

17-character 36, 41

17-character 48

29-character 36, 41, 76

Identity and Access Management 34

**Identity Traits** 259

Add a Person 264

Date of Birth 262, 267

Ethnicity 263, 268

First Name 259, 264

Last Name 260, 265

Middle Name 259, 265

Mother’s Maiden Name 263, 268

Multiple Birth Indicator 262, 268

Place of Birth City 262, 268

Place of Birth State 262, 268

Prefix 259, 264

Pseudo SSN Reason 261, 267

Race 263, 268

SSA Verification Date 261, 266

SSA Verification Status 261, 266

SSN 261, 266

SSN Source of Change 261, 266

Suffix 260, 265

Inactive Date 171

**Income** 22, 323

Add Test 343

Available to beneficiary 342, 346

By Year (IV 1) 100

Child Employment 349

Child has 341, 346

child's 346

civil 347

Copayments

Year 132

current

information 389, 391

test data 389, 391

Verification 46

Disability 348

Disclose Financial 344, 345

Eligibility

assessment 226, 247

level 205

limited 220, 241

Employment 347

Exclude 347, 348

Financial Overview

Verification 324

Financials

current year 322

gross household 322

household 321

Low 321

projected 322

from your farm, ranch, property or business 348

HL7

Solicited Test Data Trans 365

Unsolicited Test Data Trans 365

Interest, Dividends and Savings 347

Military Retirement 347

Net

Adjudication 343

Other 348

Other Retirement 348

post-Feb. 2005 format 348

pre-Feb. 2005 format 347

Primary Test 204

Railroad Retirement 347

Retirement 347

Social Security 347

System Parameters

Year Changes 174

Test Effective Date 343

Thresholds

Year 131

total annual 349

Total Employment 348

Unemployment Compensation 347

Verification

definition 23

Verification Matching 368, 369

definition 23

View Changes Made this Year 324

Workers Comp/Black Lung 348

Year 80, 131, 324, 361, 363

being reported 350

selected 132

**Ineligible** 210

Agree to Pay Deductible 344

Changing Eligibility Status from Eligible to 387

Changing Eligibility Status from Ineligible to 388

Date 225, 246, 247, 387, 388

Discharge Type 317, 318

Reason 225, 246, 387, 388

VARO Decision 225, 247, 387, 388

Information 324

Initial Ltr Sent

Purple Heart Status 60, 218, 240, 253, 386

Inpatient Copayments 132, 150

**Insurance**

Address 302

Carrier Fax 300, 303

Carrier Phone 300, 303

CHAMPVA 230, 251

City 299, 302

Company Address 299

company name 297

Company Name

Medicare 301

County 300, 303

Data Transmission 365

Demograhics 296

Demographics Update 258

Effective Date/Coverage 298

Facilities 296

Group Name 297, 301

Group Number 297, 302

HEC 296

Medicare

Company Name 301

Medicare Part B

Address 304

Carrier Fax 305

Carrier Phone 305

City 304

County 305

Group Name 303

Group Number 304

State 305

Zip Code 304

Plan Expiration Date 298

Plan Type 297

Policy Number 297

pre-certification phone number 300

premiums 349

Private 296

program 20, 24

Reason Cancelled/Declined

Other 354, 359

reimbursement 349

State 300, 302

Type A & B Medicare 301

Type A Medicare 301

Update 200

Update Carrier 297

Zip Code 299, 302

Integration Control Number 66

Internal Revenue Service 23

**Ionizing Radiation** 321

POW 227, 248

Radiation Exposure 27

Radiation Exposure Method 226, 248, 307

Verification 308

IRS 23

IRS Reject Management 196

IRS Transmissions 379

Items 47

IV 1 100

IV 3 101

IV 4 102

IV 5 103

**IVM**

Billing Collection Transmission 365

Communications

Type 368, 369

definition 23

System Parameters

DM IY Cut Off 174

Final Letter Indicator 174

Verified Means Test Transmission 365

**LAS**

assigned PH documentation 62

assigned to verify PH status 61

assigning Work Item 49

closing Work Item 49

Duplicate Merge Report (EED 12) 97

Enrollment Override Report (EED 9) 95

Test in Process Report (QM 17) 122

Worklist 46

Workload Turnaround Time Report (QM 11) 119

**Letter** 62

Communications 367

Available for Mailing 369

Cancel Mailing 370

Comments 370

Detail 370

HEC/AAC Reject Reason 370

historical 367

Name 367, 369

Recipient 368

Recipient Type 370

Select to remail 368, 369

Status 367

Status Date 367

Type 368, 369, 370

Undeliverable 367

Undeliverable Mail 370

Mail

Bar Code 74

Date Mailed 74, 76

Returned by P.O. 76

Military Service

Rating 306, 307, 316

P&T

VA rating/award 223, 244

PH Status

initial 218, 240, 253

second 218, 240

Pseudo SSN reason

follow-up required 261, 267

Rated Incompetent

VBA award 224, 245

Rating 383

Receiving VA Disability Comp

VA 221, 243

Reports

(BOS 1) 88

(COR 1) 89

File 79

identification 89

requests 89

types 89

VBA 68

Load Registry 70

Lock Reason 202

Log 38

**Login** 34

Failed Attempts 173

Last Date 157

Long Term Care Copayments 132, 150

Longshot 227, 248, 308

Main Area 17

Main File 105

Managing Rejections 196

Marital Status

AAP 279

Maximum Retransmission Count for EGT

System Parameters 175

Maximum Transmission Count

System Parameters 175

**Means Test**

Catastrophically Disabled 321

Communications

Type 368, 369

definition 24

Eligibility 205

Facility

most current on file 361

OP days during copay period 361

Primary Facility 361

Financial Overview 324

Financials 321

Who is Subject To 322

Geographic

definition 22

Geographic Thresholds 131

MT Signature Indicator By Income Year Report (IV 1) 100

on file 389

Status 352

Threshold 352

MEC 24

**Medal Of Honor Indicator** 308

Decoration Status 309

Document Receipt Date 309

Document Type 309

Source of Change 309

Medical

Adjusted Expenses 349

and dental care 362

appointments 230, 250

attention 25

benefits package 21

Benefits Package 205

care 222, 243, 349

care copay 253

center 90, 92, 96, 100, 113, 114

CHAMPVA 20

Chief Director 362

Civilian Health and Medical Program of the Uniformed Services 230, 251

claim 230, 250

condition 214, 235

deductible 323

equipment 301

expenses 349

facilities 230, 250

facility 361, 363

Gross Expenses 349

HealtheVet 22

insurance 301, 349

joint facilities 27

services 301, 310, 361

treatment 361

treatments or medications 300

VAMC 28

Medicare 296

Medication Copayments 132, 150

**Military** 20, 21, 22, 25, 27, 28, 205, 212, 226, 227, 231, 233, 247, 248, 249, 251, 283, 284, 288, 307, 322

Active Duty 330, 336

Combat Episode

Delete 318

Current Service 306

disability 226, 247, 306

Disability Retirement 226, 247, 307

duty 21, 317

Filipino Veteran Proof 312

Order of the Purple Heart 285, 290

Orders of Award 61, 64, 217, 239, 253, 255, 256

PH 253

Receiving Disability Retirement 209

record 317

Retirement 347

SC % 208

service 205, 212, 233, 312, 316, 318, 321

Service Data 49, 50, 52, 53

Service Episode 313, 314, 315, 316

Dates 316

Delete 306, 316

History 306

Service Episode – HEC

Add a Person 315

Service Episodes 318

Service Number 24, 35, 36, 41, 42, 57, 58, 59, 63, 67, 315, 316, 383, 384, 385, 386, 387, 388, 389, 390, 391, 398, 399, 400, 406, 407, 408

Sexual Trama 24, 209, 321

time 84

View Historical Service 306

Military Service Data Sharing See MSDS

Milrow 227, 248, 308

Minimum Essential Coverage 24

Mother’s

First Name

AAP 279

Last Name

AAP 279

**MSDS**

Capabilities 2

Definition 24

Discharge Types 3, 317

Query Status 207

Reconciliation Indicator 174

Send Query to Broker 306

Service Indicator 175

**MT**

**copay exempt** 352

copay required 343, 344

Image ID 204

Pending Adjudication 343

Signature 80

National Defense Authorization Act (NDAA) of 2008 312

**New**

Add Associates

View Historical 282, 288

Add Document 59

beneficiary 113

Capabilities 158, 161, 162, 169

Capability Set Active Date 171

Capability Set Description 171

Capability Set Inactive Date 171

Capability Set Last Updated By 171

Capability Set Last Updated Date 171

Capability Set Name 171

document 59, 62, 67, 386

EGT effective date 137

EGT Historical Settings 138

EGT setting 136

EGT Setting 134

EGT setting end date 133

EGT Setting entry 139

EGT setting start date 133, 134

EGT update 133, 136

Eligibility Factor 392

Enrollment applicants 354, 358

Enrollment Processing 79

Enrollment Processing Report (QM 3) 113

Enrollment Status 392

Filipino Scout 312, 316

Financials

beneficiaries 321

Identity Traits

View Historical 259, 264

log document 386

PH

Document Receipt 255

record 44

report 83

Report Name 83

reports 83

Role 164

Active Date 165

Inactive Date 165

New Value 167

Roles

Active Date 167

Assigned Capability 167

Assigned Capability Sets 167

Inactive Date 167

Last Updated By 167

Last Updated Date 167

Roles Active Date 167

Roles Inactive Date 167

SC disability percentage 208, 215, 236

SC percentage 208

SC percentage original effective date 215, 236

Schedule Report 81

service-connected disability 383, 385

setting end date 135

setting start date 135

signature information 204

SSA Verification Status

Record 261, 266

SSA Verification Status Record 329, 341

Stop Enrollments 355, 359

updates 385

user accound 157

User ID account 154

window 31

**OEF/OIF** 313

Combat Episodes 306

Adding 314

Deleting 306

Source 306

Combat Location 314

Unknown 314

Unspecified 314

CV End Date 313

Definition 25

Source 315

**Office**

BOS

definition 19

of Policy and Planning 104, 105, 106, 107, 108

definition 25

P.O. box 286, 291, 292, 298, 302, 304

Returned by Post 367, 370

Revenue and Billing 322

VA Regional 214, 236, 272, 278, 307

definition 28

WD AGO 255, 256

definition 29

WD AGO Form 253

Old 282, 288

Old Value 171

OPP 4 104

OPP 5 105

OPP 6 106

OPP 7 107

OPP 8 108

Outpatient Copayments 132, 150

Overdue 47

P8G 1 109

P8G 2 110

P8G 3 111

P8G 4 112

Password

Rules... 182, 183

Pension

Award Effective Date 220, 242

Award Reason 221, 242

Termination Date 242

Termination Date 221

Termination Reason 221, 242

VA 220, 241

Per Diem Charges 132, 150

**Period of Service** 257, 319

(OPP 4) 104

definition 25

dropdowns selections 257

HEC 319

Select 257

Permanent mailing 258

**Person Search** 383, 384, 385, 386, 387, 388, 389, 390, 391, 398, 399, 400, 406, 407, 408

result list 35, 145

screen 35, 38, 39, 145

Person Submissions 196

**PH**

New

Log Document 255

Phone Numbers 282, 288

**Policy**

Insured Effective Coverage Date 298

Insured Ralationship to Veteran 298

Name of Insured 297

Number 297

Office of 104, 105, 106, 107, 108

definition 25

Plan Expiration Date 298

VA 295

POS 104

Power of Attorney 25, 224, 245, 283, 289, 367

Primary 204

**Public Law (PL111-163)**

Catastrophically Disability

Copays 3

Catastrophically Disability 3

Catastrophically Disabled 321

Requirement 3, 4

Purple Heart Statistics 94

QM 10 118

QM 11 119

QM 14 120

QM 15 121

QM 17 122

QM 19 123

QM 20 124

QM 21 125

QM 23 126

QM 25 127

QM 28 128

QM 29 129

QM 3 113

QM 30 130

QM 4 114

QM 5 115

QM 6 116

QM 8 117

Rated Disabilities 107

**Receiving**

A&A 219, 240

**Records** 37, 43

Add Registry

PH Documents

Other Official Service 61

POW Documents

Other Official Service 64

Edit Current Eligiblity

Document Type 217, 239

POW Source 217, 238

Edit Purple Heart

Service 253, 255, 256

EED 12 97

EED 3 92

EED 6 93

EED 9 95

Glossary

HealtheVet 22

NARA 24

SHARE 27

IV 3 101

IV 5 103

Load Registry 70

Number Inserted 71

Number Matched to Existing 71

Number Not Matched to Existing 70

Number Read 70

OPP 4 104

OPP 5 105

OPP 6 106

OPP 7 107

OPP 8 108

QM 11 119

QM 14 120

QM 3 113

QM 4 114

QM 5 115

QM 6 116

QM 8 117

Registry

veteran 57

Reports 79

Sensitive 16

SIgnature Images 204

System Parameters

Duplicate Threshold Values 173

Undeliverable Mail Search 75

Veteran Merge

patient 39

Veteran Merge Search

patient 41

Worklists

Duplicate 49, 50, 51, 53

**Registry**

Add PH Entry 57, 58, 59

Add POW Entry 57, 58, 63

Add SHAD Entry 57, 58, 67

file 57

File Load Statistics 70

files 57

Financials

special examinations 321

Import Date 70

Load 70

Load Records 70

Load Statistics 70

Manage 57

PH 57

POW 57

POW Indicator

POW 217, 238

Prisoner of War 57

Purple Heart 57

Radiation Exposure

definition 27

Reports

(EED 3) 92

Search 57, 58

Search Results 58

SHAD 57

Type 57, 58, 70

Rejected Person Submissions 197

Relationship 325

**Relaxation Percentage**

Add Income Year 140, 142

Change Percentage

View Historical 140

Retroactive Processing 141

Update Income Year 140

Release Date 65, 217, 218, 239

Religion

AAP 279

Report

Action

View, Delete, Archive 86

Archive 85, 86

Archived 87

Archived Date 85, 86

Cancel 82

Completed 85

Date of Death 270

AAP 277

Day to Generate 84

Delete 85

Detailed 88, 89, 94, 95, 96, 97, 113, 115, 117, 119, 120, 123, 124, 126, 127

Email to 84

Fee Basis Date 362

Filter 81, 85

Format 84

Generate 83

ID 78, 81, 85, 86

List 78

Name 83

parameters 78

Parameters 85, 86

Run 78

Run button 78

Sample 78, 88

Schedule 78, 83

Schedule New 81

Scheduled 81

Status 85

Summary 88

System Parameters

Archive Reports 172

Purge Archive Reports 176

Time to Generate 84

Title 78, 81, 85, 86

Type 78, 81, 85, 86

Report List

BOS 1 88

EED 8 94

IV 1 100

IV 3 101

IV 4 102

IV 5 103

OPP 4 104

OPP 5 105

OPP 6 106

OPP 7 107

OPP 8 108

P8G 1 109

P8G 2 110

P8G 3 111

P8G 4 112

QM 10 118

QM 11 119

QM 14 120

QM 15 121

QM 17 122

QM 19 123

QM 20 124

QM 21 125

QM 23 126

QM 25 127

QM 28 128

QM 29 129

QM 3 113

QM 30 130

QM 4 114

QM 5 115

QM 6 116

QM 8 117

Reported Coverage Months ACA 381

Reporting MEC to the IRS 379

**Role** 20, 27, 161, 162, 163, 164, 165, 166, 167, 168, 169, 231, 252, 282, 283, 284, 288, 290

Add/Edit 165

Administrator 172

Associates Deactivation

Date 286

Description 165, 167

Name 164, 165, 167

**Roles** 155, 156, 158, 161, 162, 164, 165, 167, 168, 169

New 167

Old 167

**Search** 29, 35, 145

Additional Criteria 36, 42, 158

criteria 35, 41, 46, 74, 75, 145

for User 158

HL7 Message 72

in Online Help 31, 32

input field 31

Items tab 46

Minimum Criteria 158

Optional Criteria 57

Person 38

Person screen 35, 145, 383, 384, 385, 386, 387, 388, 389, 390, 391, 398, 399, 400, 406, 407, 408

Registry 57, 58

Registry Results 58

Results 54

results limits 75

Results list 35, 145

SSN 35, 147

Undeliverable Mail 16, 75

Undeliverable Mail by Bar Code 74

Undeliverable Mail Results 74, 76

User Accounts 154

User Name 158

Veteran 39

Work Items 45, 46

**Self-Identified Gender Identity** 11, 262, 267

System Parameters

ES SID Indicator 173

Send Query Message Z07 363

Service Accounts

Add 182

Management 181

Update 183

Service Requests

Add 186

Management 185

Update 187

Set 158, 168

Set Description 171

Signature

Images 204

index information 204

index on File 204

indicator 204

information 204

on File 204

record 204

**Spouse** 49, 50, 51, 53, 101, 231, 252, 284, 289, 326, 327, 332, 333, 351, 367, 368, 370

Add a Person 332

Add/Edit 326

Available Income 346

CHAMPVA 231, 251

date of birth 328, 334

date of marriage 328, 334, 344

Dependency Factors 344

duplicate 173

employment 330, 335

Financial Assessment 210

Funeral/Burial Expenses 349

gender 327, 333

Pseudo SSN 103, 327, 333

SSA SSN Verification Frequency 176

SSN 327, 333

**SSN** 16, 25, 28, 35, 37, 39, 41, 42, 44, 45, 48, 54, 56, 57, 58, 59, 63, 67, 68, 71, 75, 79, 95, 102, 103, 115, 145, 147, 176, 259, 260, 261, 262, 264, 265, 266, 267, 269, 271, 316, 325, 327, 329, 333, 339, 340, 341, 344, 345, 368, 369, 383, 384, 385, 386, 387, 388, 389, 390, 391, 398, 399, 400, 406, 407, 408

AAP 276, 278

Pseudo 36, 41, 59, 67, 147, 333

Pseudo Reason 333

**State/Province**

AAP 149, 280

Submission Date ACA 381

Submission Type ACA 380

Submission Type Correction ACA 380

Submission Type Original ACA 380

Submission Type Replacement ACA 380

Submit Corrections 198

Submitting Facility 204

Summary Area 16

Supervisor 158

**SW Asia Conditions**

Special Treatment Authority Exp Date 176, 391

Special Treatment Authority Indicator 177

Tabs 16

Tax Year ACA 380

Total Items 47

Transmission Status ACA 380

Transmission Status Accepted ACA 380

Transmission Status Batch Transmission Reject ACA 381

Transmission Status Expired ACA 380

Transmission Status Processing ACA 380

Transmission Status Rejected ACA 380

Type 94

Unassigned 47

Undeliverable Mail 74

Undeliverable Mail Scanning 74

**User** 16, 17, 32, 35, 39, 49, 51, 57, 387

Add Registry entry 57

Add Registry Entry 58

Add/Update EGT Setting

allows add/update EGT setting 136

Admin

Account Add 155

Account Search 154

search by User ID 154

Assigned By 56

Assigned To 56

Associates

presents user with a snapshot of current associate information available 282, 288

Capability Sets

Capability Set Change History 171

Profiles/Capability Sets 168

close Work Item 50, 51

Close Work Item 52, 53

Communications

view historical letter communications 367

Copayments

View Copayment information 3, 132, 150

Demographics

Add(Update) Associate(s)

update associate information 283

Update Associates

update associates information 258

Update Insurance

update access insurance information 258

Update Mailing Adddress

update beneficiary's permenent mailing address 258

Update Personal

update beneficiary’s Date of Death 258

edit Permanent Address 77

Edit Profiles 161

Roles and Capabilities Assigned to a 162

EED 1 Report

Veteran enrolees 90

EED 12 Report

Number of Records Merged by 97

EED 2 Report

Total enrolees 91

EED 6 Report

select Priority Groups 93

EED 8 Report

specified time frame 94

EED 9 Report

select LASs 95

EGT Settings

not allowed to edit Current or Historical EGT Settings 133

Eligibility

current and historical financial information 210

View Clinical Determination information 209

filter VOA Resubmission 143

filter Work Items 48

HL7

Message Search 72

ID 56, 156, 158, 160

Identity Traits

view 259, 264

view change history 259, 264

Insurance

Insurance - HEC

update information 296

Insurance Facilities

cannot edit 296

IV 1 Report

selected Income Year 100

login 34

Mail

Undeliverable Mail Search 75

manually assign unassigned Work Item 50

Merge Status 40

Military Service

Current Military Service

add/modify 306

perform registry search 57

Person Search 38

POW Registry

Add entry 63

Process Management

Actions

specify arguements 178

update Trigger Status 179

view Batch Process run history 179

Profile 34

Profiles/Search for 158

QM 10 Report

specified date range 118

QM 11 Report

output only for that 119

QM 14 Report

specified number of days 120

QM 15 Report

specified by Functional Group 121

QM 17 Report

specified by either Date or LAS 122

QM 19 Report

select one Message Type 123

QM 21 Report

defined parameter 125

QM 23 Report

optionally run by 126

QM 25 Report

select only one Message Type 127

QM 3 Report

choose complete or incomplete enrollment records 113

QM 6 Report

specified number of records 116

reassign Work Items 48, 50

Reference

GMT 131

registry Search 57

Reports

select and run/schedule 78

Role 34

Roles

change history 167

Profiles/Roles 164

Profiles/Roles/Add/Edit 165

Schedule Report 83

Search Items 45

search Work Item 54

Select Period of Service

Period of Service

manually enter 257

Send Query Message Z07

VA facilities 363

SHAD Registry Entry

Add 67

Signature Images

view and update signature image information 204

System Parameters

change values 172

Tabs

Overview

update Current Eligibility 200

update Date of Death 201

update Enrollment 201

update Financial Assessment 201

update Mailing Address 200

update Signature Index 201

view Current Eligibility 200

view Demographic information 200, 201

view Enrollment 201

view Financial Overview information 201

view Signature Index 201

update Work Item 55

update Worklist Status 55

User Account Modify

Modify Account 156

Veteran Merge 39

Veteran Merge Search 41

Veteran Un-Merge 44

View Profiles 160

view Veteran Worklist 39

View Work Items 45

Work Items 45, 48

Worklist Overview 47

Worklists

view 16

User Accounts Search 154

User ID 154

**VADIR** 2

Definition 28

VBA Data Sharing

System Parameters 177

Verification 324

**Verified Means Test**

Transmission

HL7 365

Veteran

Indicator 212, 233

Merge 202

Merge Search 41

Overview 39

Search 39

**Veteran Benefits Handbook** 372

Benefits At a Glance 409

Communication Name 372, 373

Communication Type 372

How Do I … View, Print and Check Status of 408

ID 372

Select to Mail 372

Status 372

Status Date 372

Version 372

View 201

VFA Start Date

System Parameters 177

VHIC Status 377

**View**

Add (Update) Associate(s)

Historical Associates 283, 288

Add PH Registry 59

History 59

Add POW Registry

History 63

Add SHAD Registry

History 67

Adresses

Historical Addresses 292

All Archived HL7 361

Associates

Historical 282, 288

Attachments 215, 237, 254

Batch Process Management

the Batch Process run history 179

Capability Sets

the Change History 168

Capability Sets Change History

the Change History 171

Change Relaxation Percentage 140

Communications

Historical letter communications 367

Copayments

Copayment information 132

Current Eligibility

historical Eligibility 205

Dependents

Financial Details

Historical 325

Edit Purple Heart

Historical 253

Edit User Profiles

Capabilities 161

EGT Settings

historical 133

Eligibility

Financial Assessment

current and historical information 210

Other Eligibility

Clinical Determination 209

POW

Historical 208

Enrollment

cancel/Decline/Override Enrollment

Historical 353, 357

ES

Generate/Reports 16

Worklists 16

Facility

All HL7 361

Site HL7 Messages 361

Site/All Archived HL7 Messages 364

Site/All HL7 Messages 364

Financial Overview

Changes Made this Income Year 324

Data button 324

Health Benefit Plans

HIstorical EGT Settings 138

Identity Traits

Historical 259, 264

Submitted 259, 264

Military Service

Currrent Military Service

Historical Military Service information 306

Personal

sensitive record 269

AAP 275

Reports

Completed Reports 85

Report link 96, 97, 98, 99

Sample Reports 78

Roles

individual Capabilities 164

Roles Assigned to User

Historical 162

Tabs

Overview

Sensitive Information 202

User Profiles 158, 160

Using Help Window

Contents 32

Glossary 32

Index 32

Search 32

Veteran Merge

Veteran Worklist 39

Veteran Merge Search

Veteran Worklist 41

WebHelp

definition 29

Worklist

Analyst 55

My Items 48

Supervisor’s 55

Worklists

Comments 46

Unassigned Item 45

Viewing IRS Reporting Results 379

VOA

File Attachments 215, 237, 254

Resubmission 143

VOA Anonymous/Level 1 Process Indicator

System Parameters 177

**VPID** 29, 35, 36, 41, 48, 54, 383, 384, 385, 386, 387, 388, 389, 390, 391, 398, 399, 400, 406, 407, 408

Case 49, 50, 51, 52

VSSC 313

**Weekly**

Reports

(EED 8) 79

EED Statistics (EED 8) 94

Schedule Report

Day to Generate Report 83

**Work**

Items 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56

Search Items 54

**Worklist** 16, 44, 45, 46

Assigned screen 50

Case 49, 50, 51, 52

categories 49, 50

Hide Filter 48

Open Items 202

Open Work Items 52

Overview 45, 47

screen 48

Show Filter 46, 48

Unassigned Items 51

Veteran Merge 39

Veteran Merge Search 41

Veteran Un-Merge 44

**Zip Code**

AAP 148, 280

1. This functionality is implemented in an inactive state due to a corresponding VistA release delay. [↑](#footnote-ref-2)
2. This functionality is implemented in an inactive state and will be activated when the VHIC service becomes available. [↑](#footnote-ref-3)
3. This functionality is implemented in an inactive state pending VA staff training. [↑](#footnote-ref-4)
4. VHIC functionality is dormant. VHIC status and history will be functional in a future release. [↑](#footnote-ref-5)